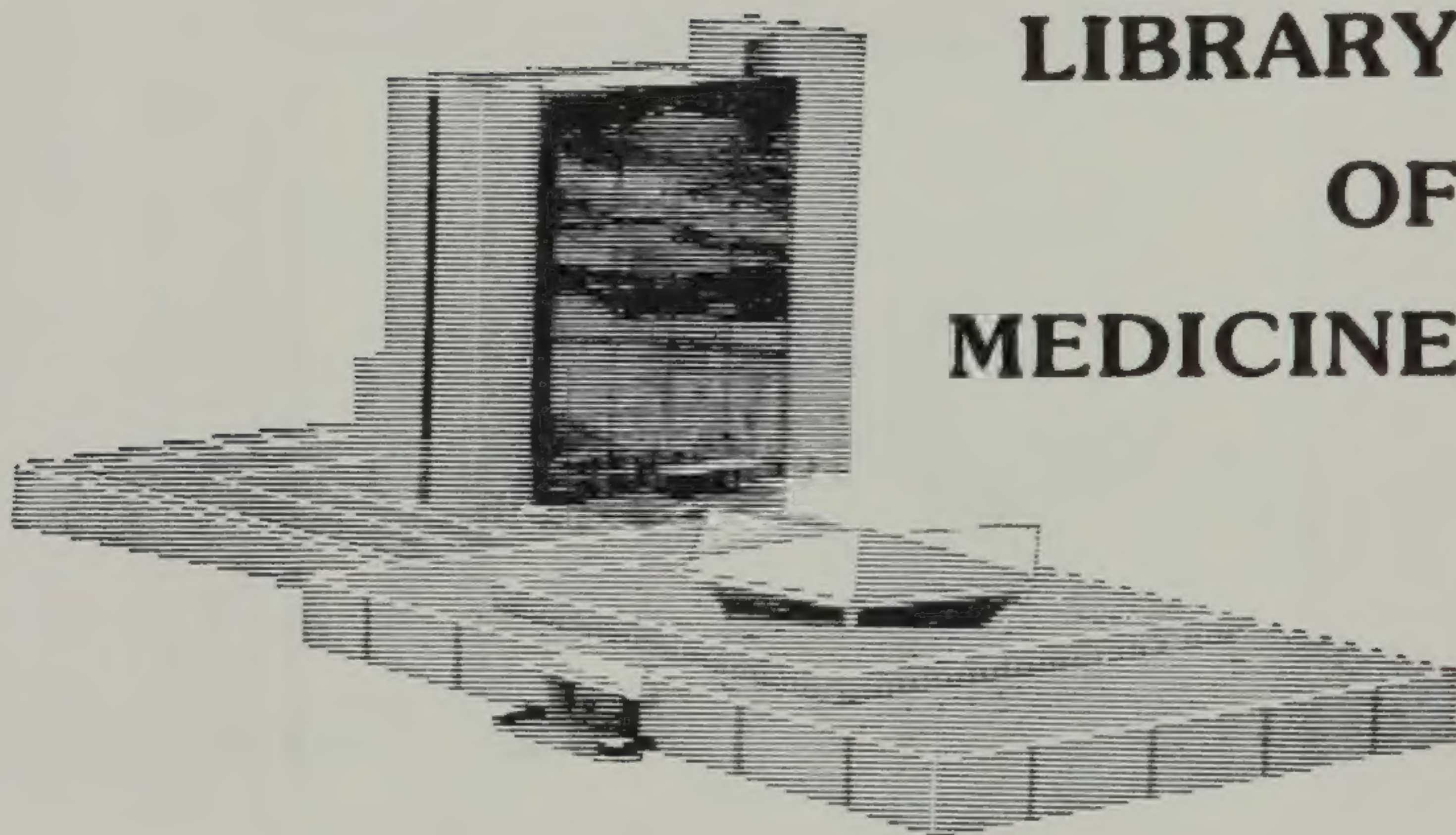


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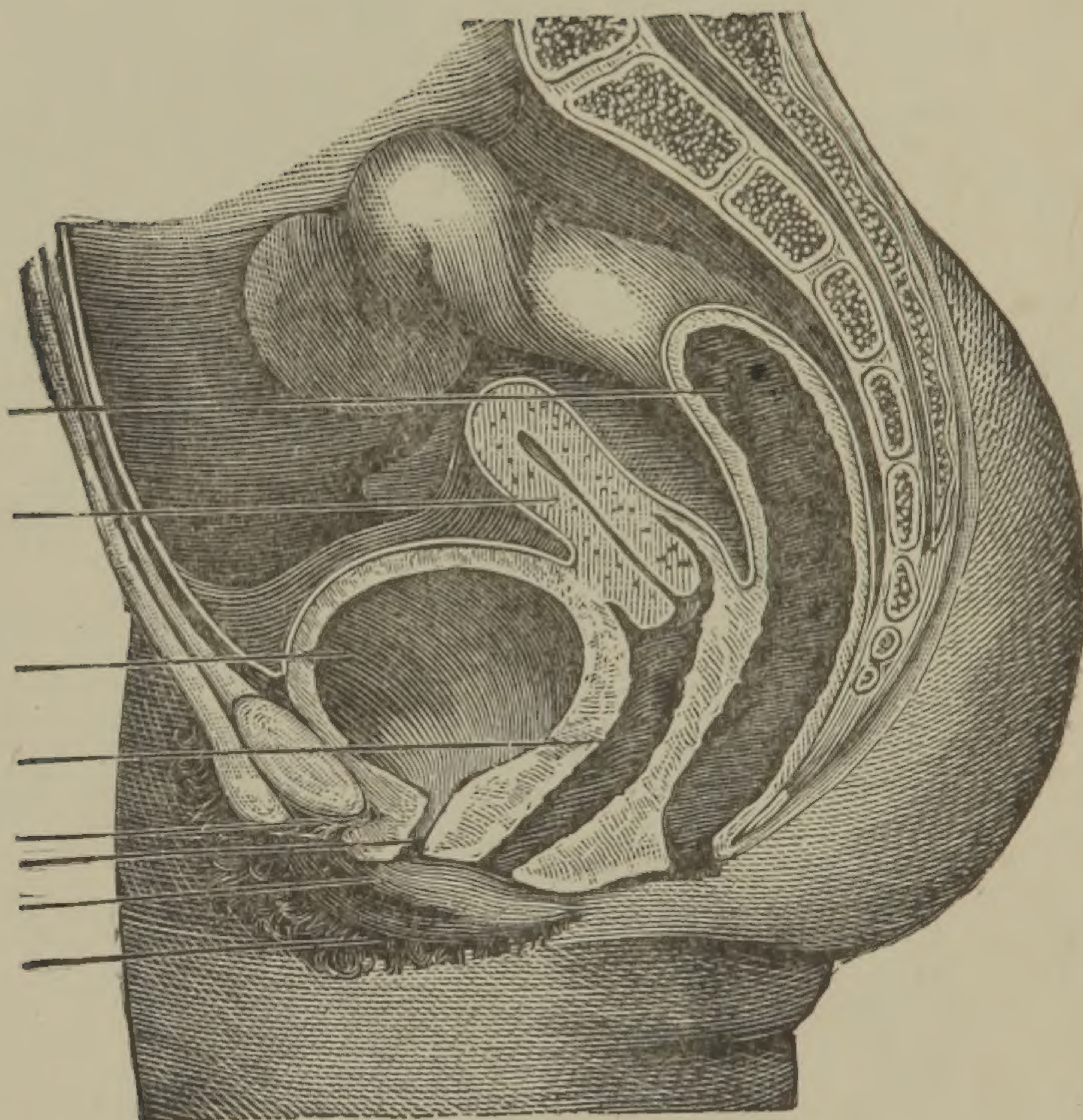
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SUPPOSED NORMAL POSITION.

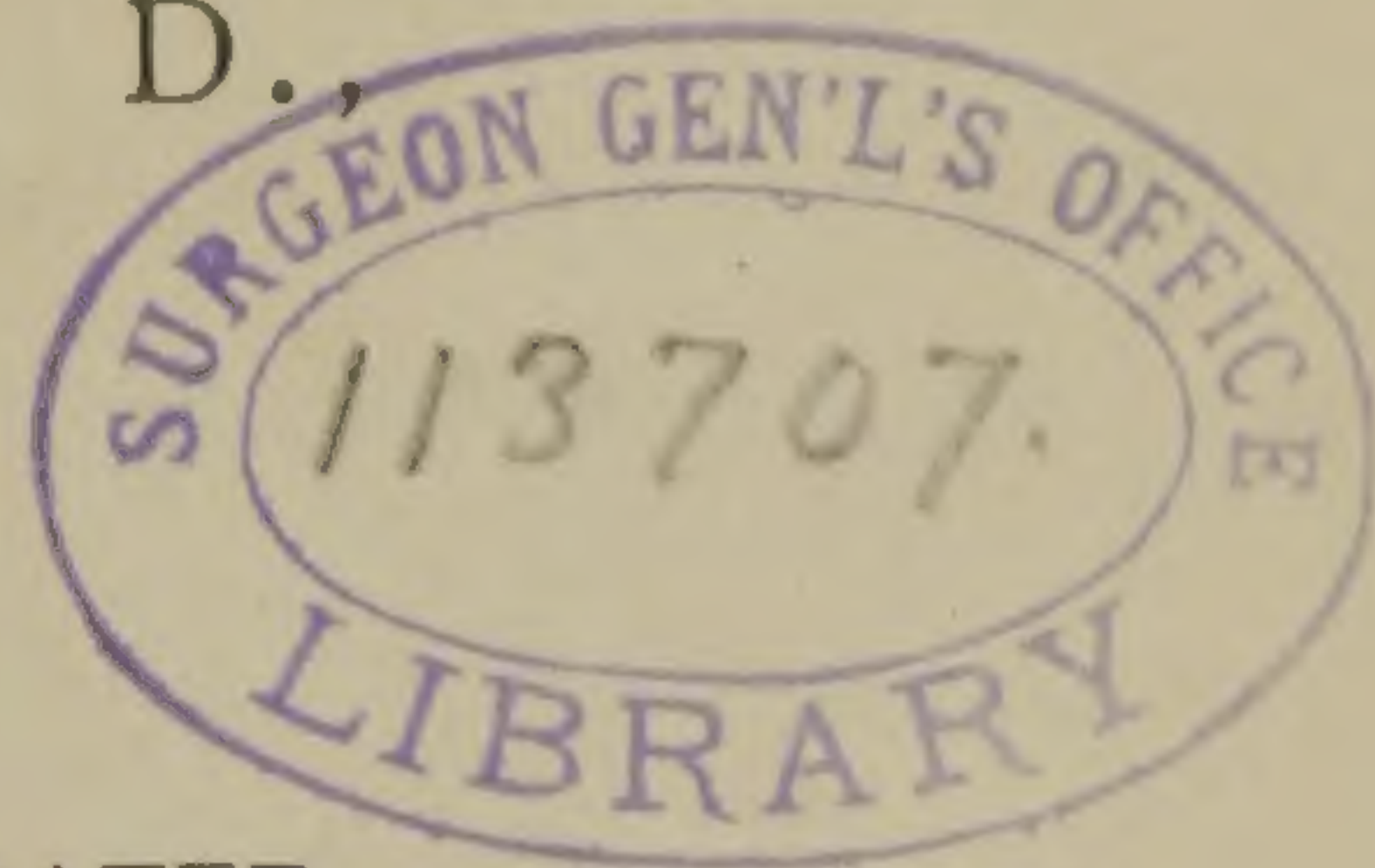
THE TREATMENT
OF
Uterine Displacements

INCLUDING

PROLAPSUS, ANTEVERSION, RETROVERSION,
ANTEFLEXION, AND RETROFLEXION.

BY

✓
W. EGGERT, M. D.,
...



SECOND EDITION, ILLUSTRATED.

CHICAGO :
DUNCAN BROTHERS,
1884.

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1884

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PREFACE TO THE SECOND EDITION.

That the little treatise on “Prolapsus Uteri” should ever demand a second edition, is quite unexpected but gratifying. If it has promoted an increased reliance on remedial agents for the treatment of uterine displacements, the author is well repaid and contented, trusting that this new edition will be found a still greater assistance in furthering true Hahnemannian principles. In its new form it includes all “Uterine Displacements.” It has been rewritten, revised and new remedies have been added, furthermore it is supplied with a complete Repertory or Clinical Index of all symptoms more or less directly affiliated to displacements of any kind. But the space allotted did not permit at the same time all the concomitant symptoms more specially related to other disorders, such as menstruation; amenorrhœa; leucorrhœa; ulceration; induration; hæmorrhoids, etc. The repertory will point out the remedy, and the concomitants will be easily found in the pathogenesis of each remedy.

THE AUTHOR.

PREFACE TO THE FIRST EDITION.

In obedience to the request of many physicians, my paper on "Prolapsus Uteri and its Homœopathic Treatment," read before the Western Academy of Homœopathy, appears in pamphlet form. The promulgation of the true principles of our school, as taught by Hahnemann, has induced the writer to issue a sketch of treatment for a condition, hitherto considered to be almost unattainable by medicine alone. The prevailing idea has opened the door to all kinds of mongrelism and quackery, and which has resulted in the greatest injury to the female. The mongrel may laugh and even think them not worth a trial; but the true physician will conscientiously try the indications here given, and the effect will be certain success.

With the exception of Collinsonia, all the remedies have been given in the 200th potency, (usually Dunham's preparation,) and upwards. One dose has been given per day, until some improvement became perceptible, when medication was stopped, and the remedy given time to develop its curative action. In the majority of cases, one remedy, when properly selected, finished the cure.

These symptoms have been collected from many sources, but for brevity's sake, the references are not mentioned.

WM. EGGERT.

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THE TREATMENT OF UTERINE DISPLACEMENTS.

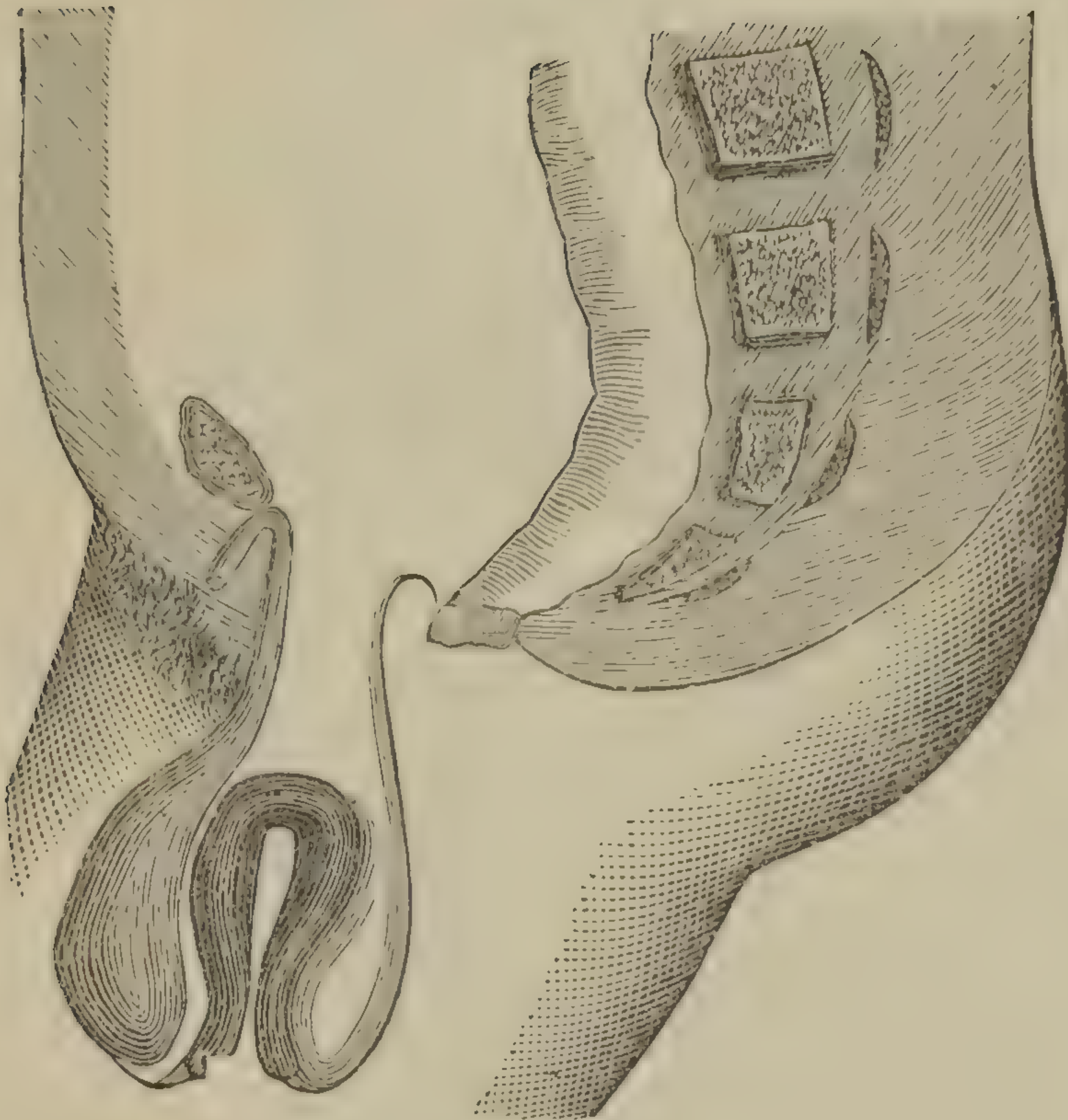
INTRODUCTION:

Among the many diseases to which women are subject, I consider Uterine Displacement to be the most prevailing, hence its large literature. It would be useless to recapitulate the pathology or etiology, for I could add nothing that would be considered new or original; I shall therefore confine my few remarks to therapeutics only, hoping that some suggestions may be welcome to one or another.

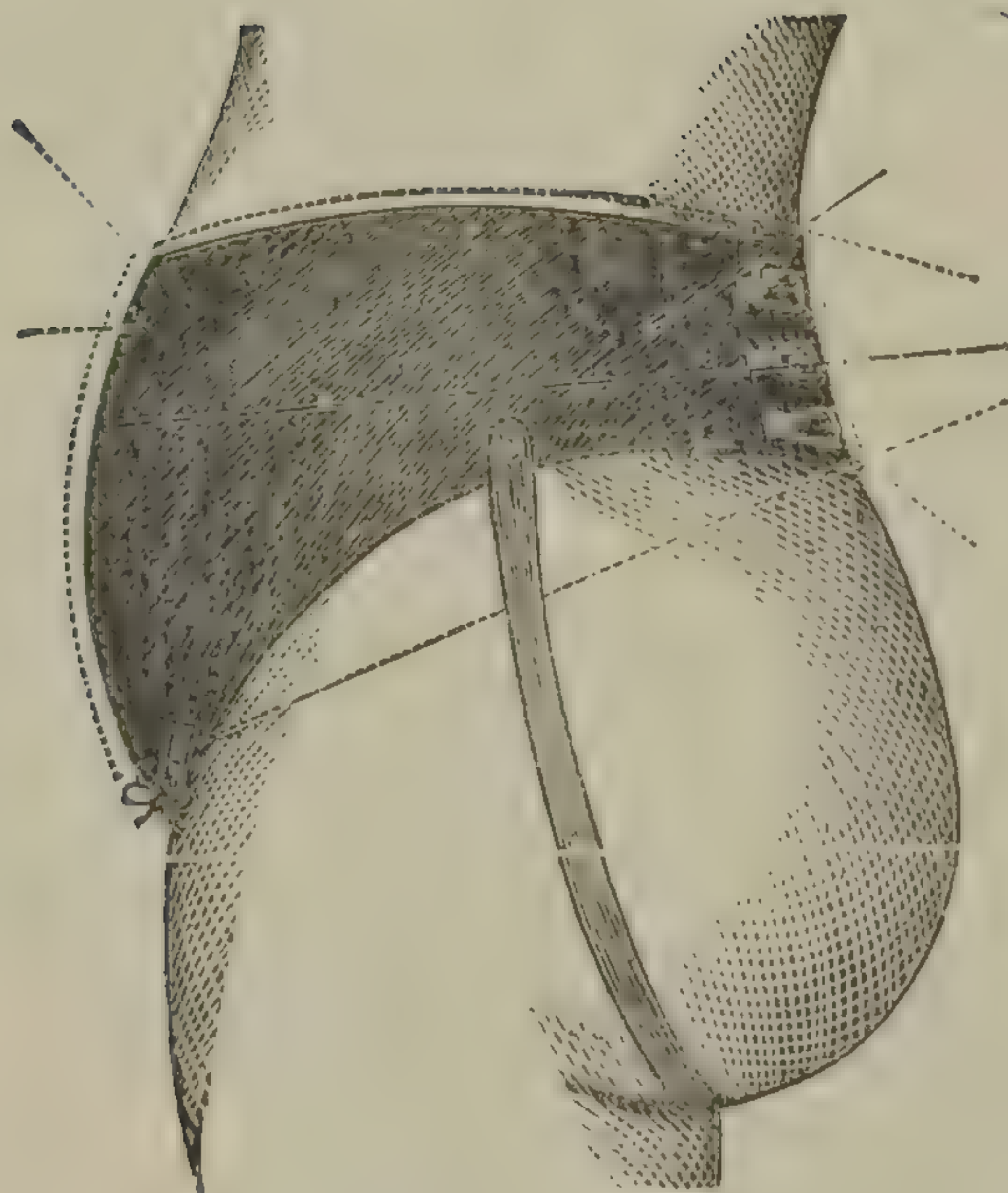
I know that my views on this subject are not accepted in toto by a majority of medical men, still I have the assurance that they coincide with, at least, those of quite a number of eminent practitioners and specialists.

Prolapsus Uteri, for example, is to my mind, nothing but the symptom of a diseased condition of the whole system, and the few exceptions I must grant, are attributable to traumatic causes. Effects are too frequently taken for causes, or disease itself. It is this diseased condition of the whole system, that weakens and relax the uterine ligaments which in turn causes the deviation of the uterus from its natural position. Bearing in mind this fact, and the office of a Homœopathic physician becomes evident and pointed. If he will diligently search in his *Materia Medica*, he will soon become acquainted with the armamentarium to combat the trouble satisfactorily to his patient, as well as to himself.

I have during the last ten years discarded all external medication, as well as other appliances, with a few rare exceptions, to which I will briefly refer: In women who are so situated as to be able to enjoy rest and comfort, I use nothing externally except a hip or spinal bath, warm, cool or cold, according to circumstances; or an abdominal compress, of likewise different temperature, to be worn by night or during the day only. This has been all sufficient to me, and I can speak from a large experience. But, in the cases of working women, I have been obliged to resort to some additional means. After the reduction of the displace-



PROLAPSUS.—THIRD DEGREE.



DUNCAN'S NATURAL ABDOMINAL SUPPORT.

ment, I insert a cotton ball, corresponding in size to the vaginal or pelvic cavity, fastened on a string, to which I add in grave cases, and when the woman is obliged to work hard, the perineal compress fastened by a bandage around the waist and between the limbs.

The cotton ball is usually withdrawn for the night and reinserted in the morning. But even such appliances are only required for a short time, for the properly indicated remedy will soon give permission to dispense with them.

An external abdominal support, if light and elastic, often affords great relief and aids the cure.

That local appliances and medication affect apparent cures, I will not deny, for I remember too well the temporary relief I have often witnessed from the pessary, the uterine supporter, as well as from Glycerine, Hydrastis, Calendula, Arnica, and even the *Argentum nitr.* But I do assert, from my own experience as well as that of many others, that the disease is thus rarely ever cured; it is merely held in suspense or is suppressed, and in more or less time it will surely return either in the same or in another form, particularly so, if the prolapsus thus treated be complicated with leucorrhœa, ulceration or induration, and the patient will be worse than at first. The theory of metastasis is to us a living fact, in spite of all the sneers that have

been heaped upon it. The cases where surgical appliances are absolutely necessary, are very rare indeed; for a ruptured perineum, etc., is not of every day occurrence. And why should my experience meet opposition even in theory? In the majority of cases we find the displacement complicated with congestion, leucorrhœa, abrasion or induration, and it is against these associated ailments usually, that external medication is enforced, particularly so, as many authorities wrongfully assert that leucorrhœa, ulceration, etc., are the immediate cause of the displacement, an assertion with a very poor foundation indeed; experience has taught me quite the reverse, for I believe that leucorrhœa, ulcerations, etc., are oftener caused by the prolapsus, than is prolapsus by them. But let this be as it may; if we can heal with such entire satisfaction the most vicious diseases of the external skin without the use of topical applications (and the mucous membrane of the throat in diphtheria,) it must seem strange to assert that the diseases of the mucous membranes of the uterus, or of the uterus itself, must be treated differently. It would be discarding analogy and logic at the same time.

Treating then prolapsus uteri or other displacement Homœopathically, we must seek a remedy that covers more or less the whole complex symptoms; it will de-

mand the strictest individualization, and reward our patient in a two-fold manner. It will most certainly benefit her, and do away with the speculum to a great extent. In reference to the speculum, Dr. Skinner says, “it has made more ulcerations than it ever cured; and it has discovered a thousand-fold more than ever existed.” Taking the stand-point I assume, it is common to hear it said, that cases cured by remedies alone were spontaneous cures, and had nothing to do with medical skill, and if I further assert, that our best and promptest successes, have been accomplished with high, and even the highest attenuations, then our opponents see at once nothing but moonshine; may they enjoy it; it shall never debar us from proclaiming the sunshine of truth. Spontaneous cures, or self-limited cases, such as apparently occur before or during menses, after exertion as riding, coughing, coitus, etc., are not so very frequent; my observation has taught me repeatedly, that we, in reality, under such circumstances, deal rather with the aggravation, than with the origin of a dislocation. And supposing that the circumstances just mentioned, were capable of producing a prolapsus each time they occur, would it not be a formidable proof of the existence of a tendency to such disorder? And where is the remedy to be found to correct such tendency? Will a pessary or uterine

supporter, an abdominal supporter or perineal pad prevent it? I say emphatically, no! Or, will you correct it by external medication? I say again, never! You must have resort to internal remedies, and then alone will you succeed, providing you select properly.

Individualization is the foundation of our treatment, and to further this end we are compelled to analyze the symptoms in each case before us; and here as elsewhere, experience is our best teacher. After having taken notice of all the symptoms, we naturally turn our attention first to those which affect the uterus and its appendages most directly. My first inquiry is with reference to the menstrual flow, and in a large majority of cases we will meet irregularities of every description; next I examine into the condition of the uterus and ovaries. Generally the symptoms aid us sufficiently for all diagnostical purposes. The character and location of pain, as well as the character of the vaginal or uterine discharges, speak to us in a plainer and more practical language than the speculum. Next to this I seek for symptoms reflex or otherwise, giving to the symptoms of the mind, to a great extent preference, in cases where the selection of the remedy becomes difficult.

In this connection I cannot withhold the strong endorsement of the foregoing views that appeared in the

following article read before the Massachusetts Surgical and Gynæcological Society by no less authority than Henry Minton, M. D., the distinguished editor of *The Homœopathic Journal of Obstetrics and Diseases of Women and Children*:

“At no period in the history of medicine has the gynæcological craze, in regard to uterine displacements reached a higher point than it now occupies.

“Every pelvic pain, and many pains that are far from being pelvic, indeed every abnormal condition of the female sexual organs not easily accounted for are at once attributed to “falling of the womb,” or to some variety of uterine displacement.

“The importance of the subject is made manifest by its allotment for our consideration this evening; this whole society is requested to give it their undivided attention, and each individual member is expected to throw all the light he may possess upon it.

“The complaint has become quite popular, and it is talked about with as much familiarity and complacency as was at one time awarded to “biliousness,” and the satisfaction it affords as an explanation of many ills is truly astonishing. The phrase is hackneyed and meaningless, still, like that other now popular term “malaria,” is bandied about by physician and patient with an unction that passes for a complete and satisfactory

explanation of the most abstruse and complicated cases.

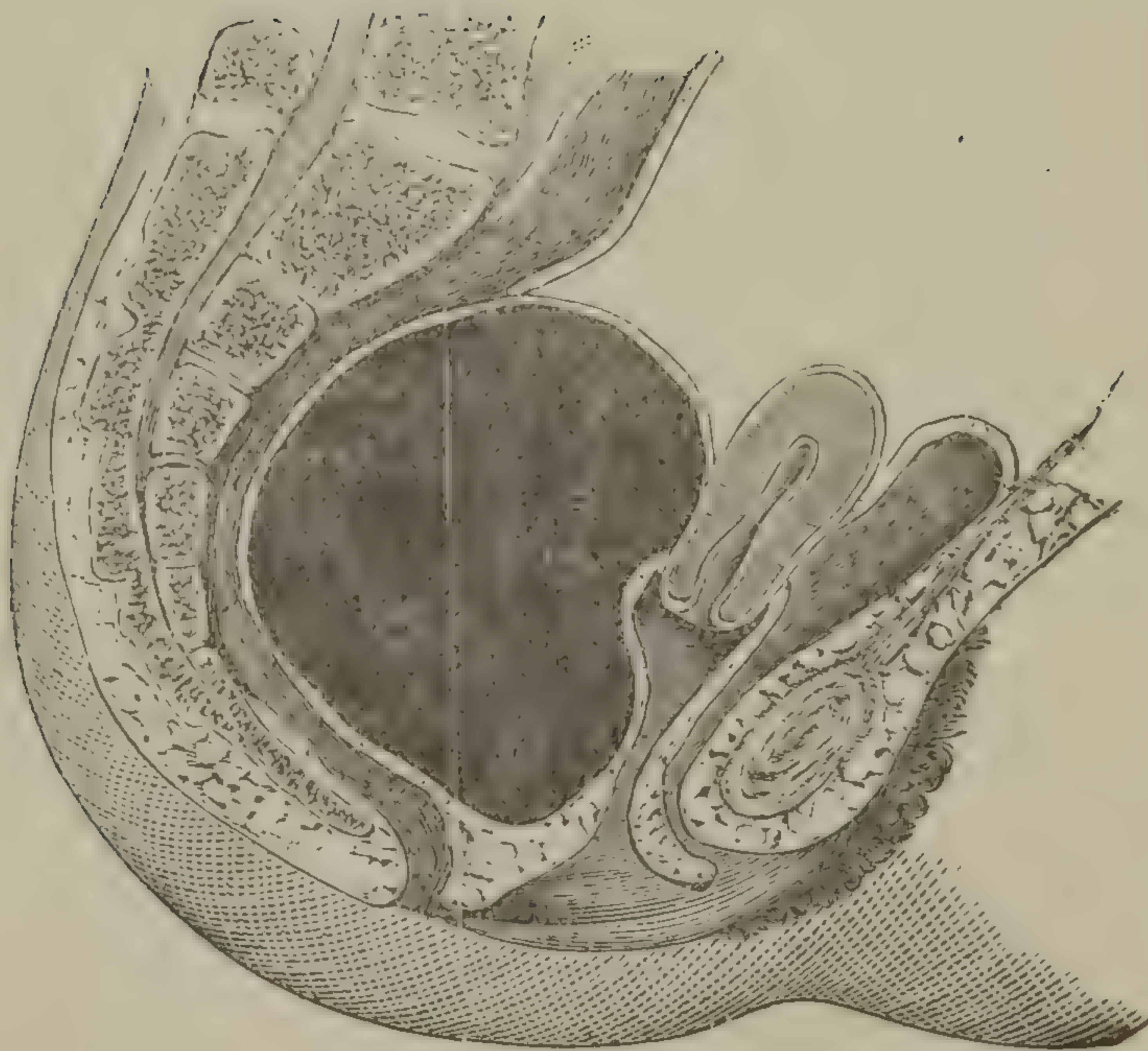
“The woman now who has the temerity to consult a specialist in regard to any of the numerous complaints to which her sex is liable, is almost certain, and without much ceremony, to be requested to assume the genu-pectoral position on a gynæcological table, while a visual and manual survey of her external and internal genitalia is made. This examination must, of course, reveal something, and where no absolute infraction is found, displacement is sure to exist to a greater or less extent. Displacement, or what passes for displacement, is certain to be found because the normal position of the uterus within the pelvis is never constant, but ever-changing.

“I hold in great disfavor this readiness and haste in making local explorations. The unwarranted presumption of many in the profession, that because a woman suffers from backache and pelvic distress, she must therefore have some local uterine disease, demanding a speculum examination should be frowned down by all right-thinking men. We thoroughly appreciate the necessity of a correct diagnosis, and would censure any man who failed to make all reasonable efforts to attain it; at the same time I am decidedly of the opinion that the treatment of sexual complaints

in young and unmarried women should be purely constitutional until such time as the necessity for local exploration is *clearly* and *positively* apparent. Never resorting to, or placing any reliance upon local treatment, the appearance of the parts upon inspection affords us no therapeutic indications, and therefore is of but little practical interest.

“The etiology and pathology of uterine displacements has received as much, if not more, attention than any other morbid condition of the female sexual organs.

“Men of acknowledged ability in the profession have for ages past given it their close attention, and have written volumes upon the subject, endeavoring to elucidate and enforce their particular and often peculiar theories in regard to its cause, and detrimental effect upon the health of women; and still the most important point connected with the whole subject, “uterine therapeutics,” has not advanced one whit. The same old mechanical methods of past ages are still depended upon. This stasis is the result of a misapprehension of cause and effect. Believing that uterine displacement is a cause of suffering, the chief endeavor has been to devise some mechanical means for its relief, and under this delusion a system of “uterine mechanics” has grown up, which from its directness, simpli-

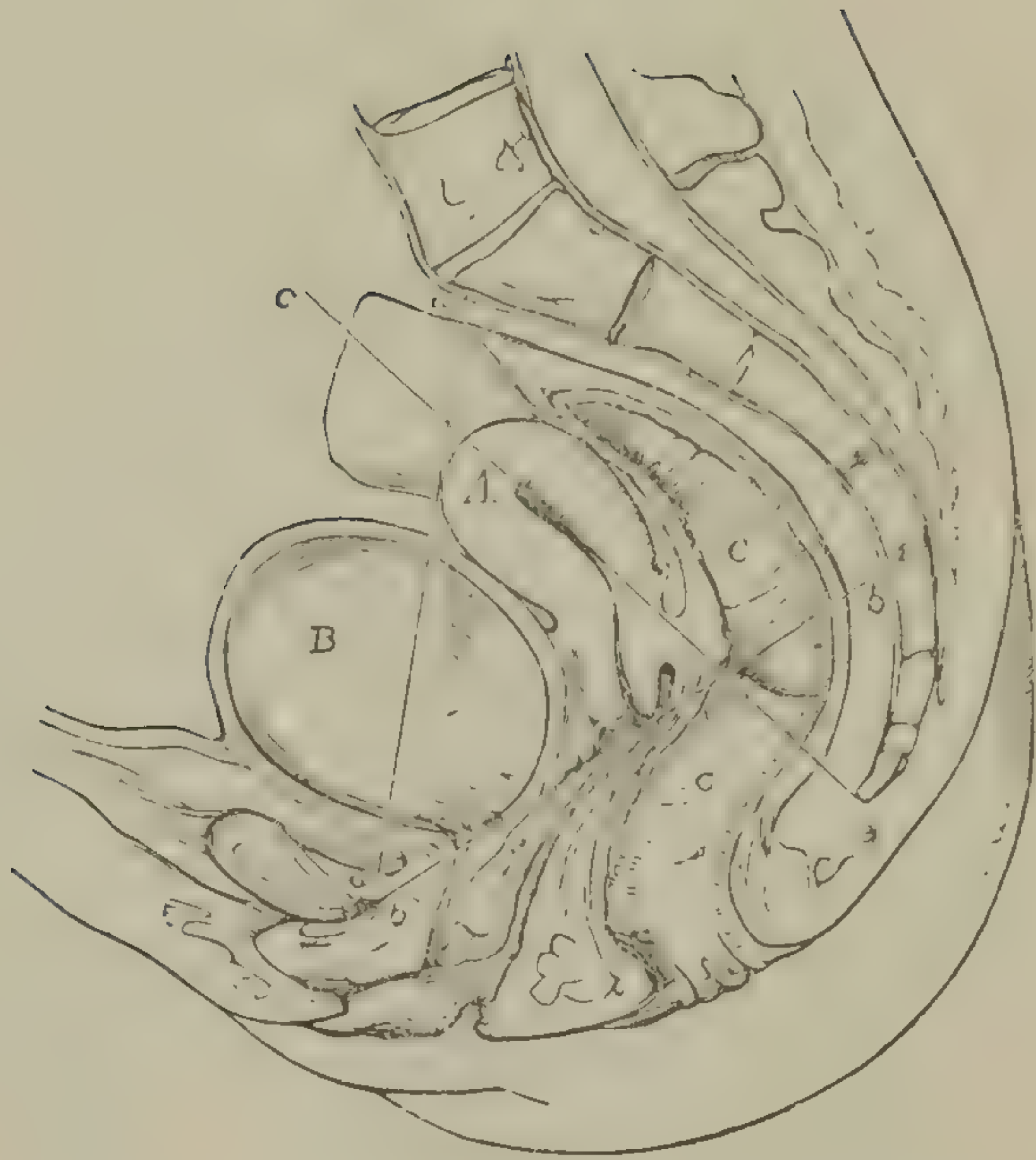


PELVIC HÆMATOCELE, CAUSING DISPLACEMENT.

city and plausibility has gained many adherents, while “uterine therapeutics” have been neglected.

“Believing, as I do, that uterine displacement is but a symptom of some constitutional defection, or simply attendant upon some local abnormality, not a disease *per se*, I cannot refrain from entering my protest against the use of mechanical means of all kinds and descriptions, (of course I am not speaking of displacements from mechanical causes, as falls, shocks, etc.) I do not believe that uterine displacements of any kind or degree was ever cured, or even benefitted, by the use of a pessary. This, I fully realize, is a strong assertion, and is in direct opposition to the teachings of many intelligent and honorable men; nevertheless, I believe it to be true, and my belief is not founded upon theory alone, but upon a long and varied experience.

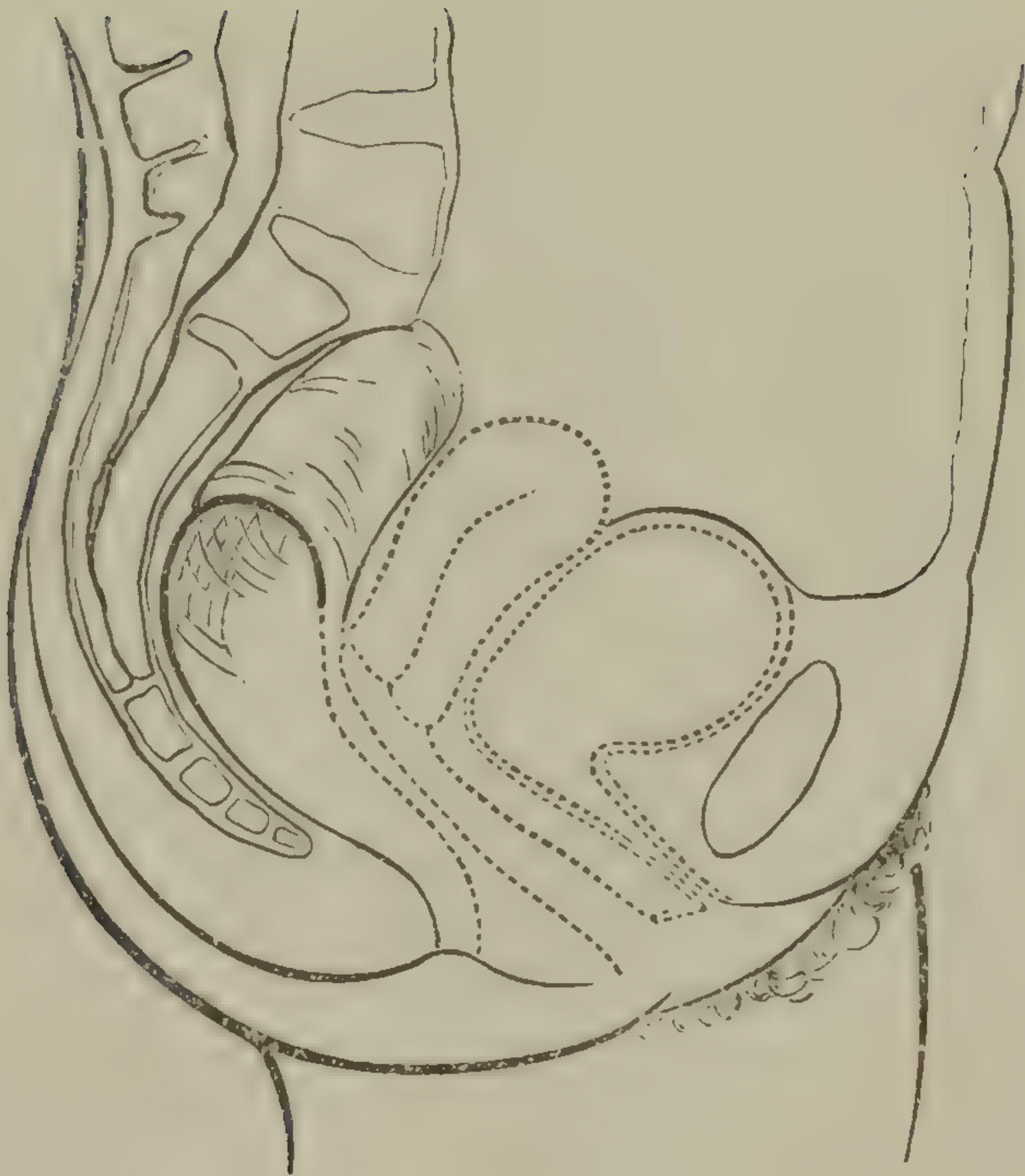
“It can be easily demonstrated that uterine displacement is not a disease and that it does not deserve the attention in treatment that is now so bountifully bestowed upon it. It is a symptom only, and as such will subside when the cause which induced it has been removed. The causes of which it is but a symptom will, in the large majority of cases, be found to be chronic pelvic cellular inflammation, any inter-pelvic disorder which diminishes the supports of the uterus,



RETROVERSION FROM DISTENDED BLADDER.—FIRST DEGREE.

of a local neurosis, arising from an impaired or disordered highly developed nervous system.

“ The uterus being a movable organ within the pelvis is subject to various changes of position. Its mobility is one of its most characteristic features. All its attachments when in a healthy condition are such as to admit of the utmost freedom of motion within certain limits in all directions. With every motion of the body, even by ordinary respiration, and when coughing, singing, laughing, or when walking the position of the uterus is changed. When standing the uterus sinks downward, even in the virgin. With the finger the uterus can be lifted up and moved in all directions, and during coition the uterus is elevated to a considerable extent without giving pain. By tight clothing the uterus is forced completely out of its place without a word of complaint from the subject, or the development of a morbid sign. We are all familiar with what ease and impunity the uterus can be drawn down close to the vulva for surgical interference. The uterus is constantly exposed to forces producing temporary displacements; for instance, the bladder in front when fully distended produces complete retroversion, which, though annoying, is seldom painful, and what annoyance there may be comes from the bladder and not from the uterus; behind, is the rec-



ANTEVERSION FROM DISTENDED RECTUM.—FIRST DEGREE.

tum which when distended acts also as a displacing cause, operating from above and behind producing anteversion. From above we have the abdominal pressure which is constantly acting upon the uterus, and which is greatly increased by every straining effort which brings the abdominal muscles into action or a state of tension, while below the pelvic floor has a constant action in supporting the uterus against the pressure from above.

“From these facts it will be seen that the uterus may be displaced in any direction, and the causes of such displacements are but natural conditions which are in constant operation. Thus we may have retroflexion, antelexion, ascent, descent, prolapsus, or, in fact, any decided removal of the uterus from its normal position while the subject remains perfectly oblivious to the transition constantly in operation.

“These displacements are transient and pass away when the conditions which produce them cease to operate; they are therefore purely physiological. It is only when the uterus becomes fixed and stationary, failing to return to its normal position from a continuance of the condition which displaced it, that treatment is called for.

“What is the normal position of the uterus, is a question of vital importance to those physicians who

look upon the displacement as the cause of all the concomitant symptoms with which it may be associated.

“It has never yet been revealed to man what the normal position of the uterus is. The very means which we must adopt in studying its topography is sufficient to frustrate the end in view; the simple introduction of the finger into the vagina will often be sufficient to excite a movement of the uterus. What the anatomist considers a uterus in a normal position, the gynaecologist considers abnormal. It is impossible to establish a point which can be accepted as the normal position in health.

“Great pains have been taken by gynaecologist to demonstrate what they believe to be the exact angle which the “long axis of the uterus should make with the horizon, when a women is in the erect position,” as a governing principle in the adjustment of pessaries. These efforts of late have been greatly stimulated by the prodigious efforts of the uterine mechanics. Men, with an assurance that to the more modest in the profession seems astounding, will map out the exact position which the uterus should occupy, and every line of departure from this standard they are capable of determining with geometrical accuracy, and will indicate the exact mechanical contrivance that alone can rectify the displacement and cure the patient. This

is a laudable ambition, and were it not for the absence of two important facts, would be worthy of emulation; namely, we have no evidence that uterine displacement ever causes local or constitutional disturbance of any kind: secondly, we have no evidence that replacement and retention of the uterus in its supposed normal position, affords any relief from the numerous discomforts with which the displacement is associated.

“As before stated, uterine displacement is not a disease, but a symptom, the result of uterine and peri-uterine inflammation, or a local neurosis, arising from an impaired or disordered, highly developed nervous system.

“Here, as elsewhere, the totality of the symptoms constitutes the disease, and the similimum is the remedy.”

DIAGNOSIS OF UTERINE DISPLACEMENTS.

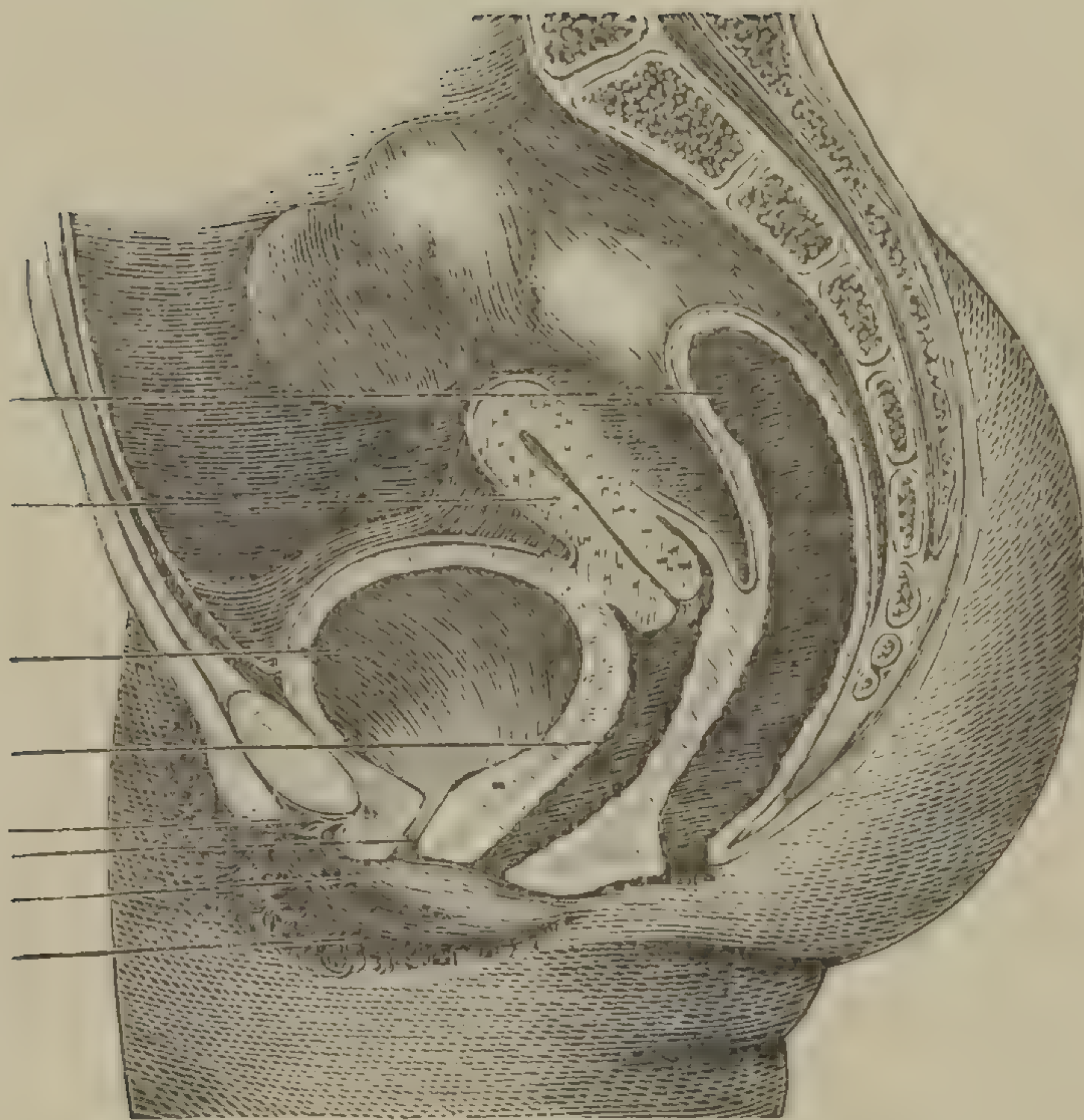
THE NORMAL POSITION.

What constitutes a displacement of the uterus? As a matter of fact, it must be any deviation of the organ from its normal position. But what is the normal position? Upon this point I cannot do better than to quote from an article that appeared in the *Medical Advance* from the able pen of O. B. Moss, M. D., and read before the Kansas State Society, he says:

“It may seem to you superfluous, or possibly presumptuous, that I should raise such a question before a society composed of physicians; but to me the question seems pertinent, for I have never yet found a normal uterus occupying the position indicated by illustrations attached to the works of our most popular authors. And moreover, I have known physicians to devote themselves faithfully for months to the restoration of uteri which were normal as to position when they began, and abnormal as to their state and function, if indeed not also abnormal in position, when they ceased their meddlesome treatment. Something must be wrong, or these errors would not occur; and I consider it more just to ascribe them to a misappre-

hension of the normal position of the organ than to willful, meddlesom surgery. Such cases improve, not when the indefatigable doctor has taught the uterus a better position than it already occupied, but only when the patient, too weak and discouraged to submit to further treatment, abandons medical advice altogether or seeks a more skillful diagnosis of her case.

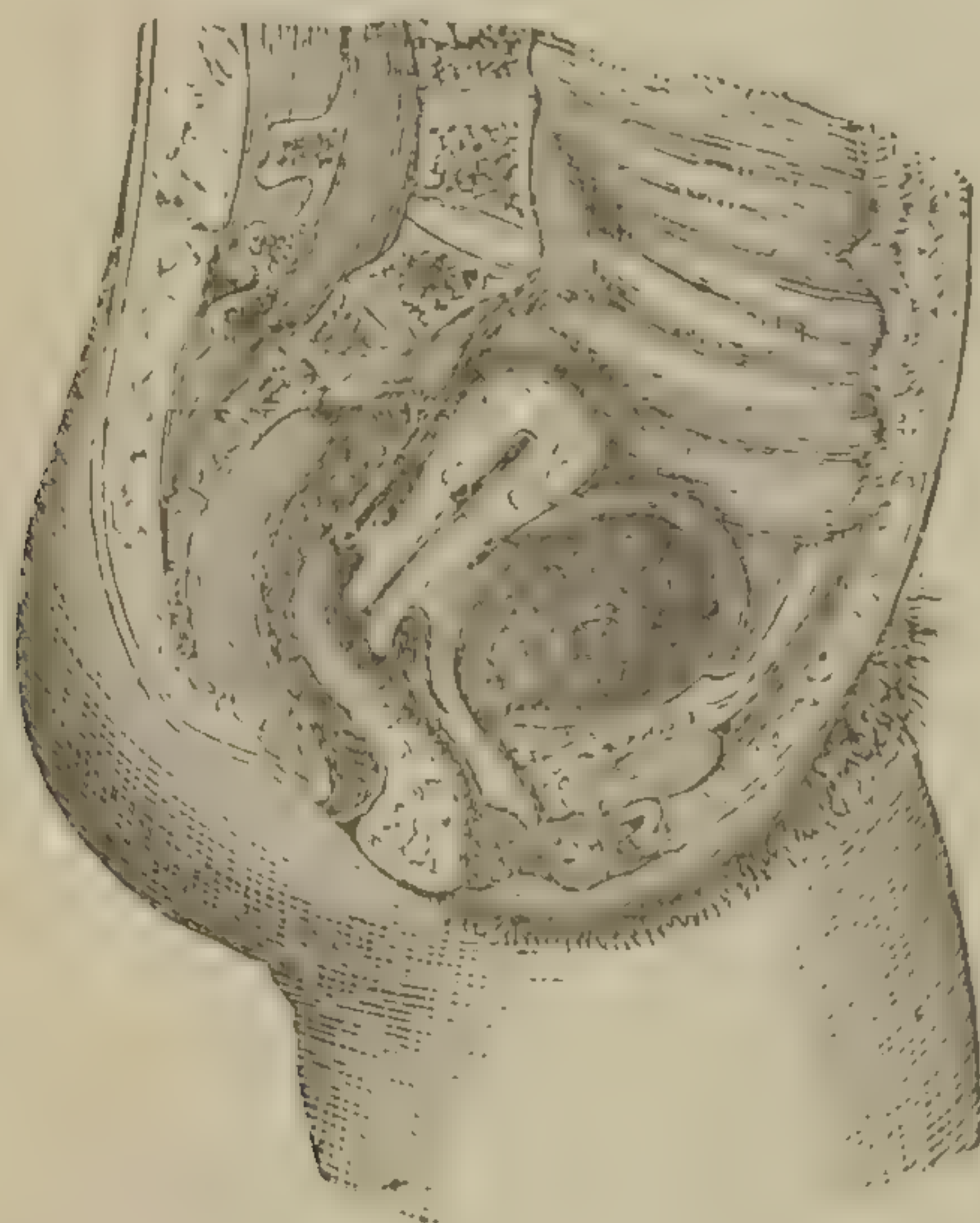
“ In some of these cases there may exist slight deviations from a perfectly normal position, but so slight as to require no mechanical interference. The fact is, the organ is often diagnosed as being displaced for the simple reason that its normal place is not clearly apprehended. The student of Gray, Wilson, and other popular works containing diagrams of the female pelvic organs, expects to find in the living subject that the vagina and uterus form a gentle curve, corresponding to the pelvic curve. But when, instead of this, he discovers that the vagina dips backward in a line a little above the sacro-coccygeal articulation, and that the uterus, lying parallel with the sacrum, is at a right angle to the vagina, resting on the bladder as a cushion, what must be his conclusion respecting the position of the uterus, with all the diagrams and teachings of popular authors fresh in his memory? Naturally he could reach but one conclusion, and that



SUPPOSED NORMAL POSITION.

is that the organ is displaced. His diagnosis is “partial prolapsus with anteversion.” [See cut.]

“It has been my good fortune on many occasions, in conjunction with other physicians, to examine women supposed to be suffering from uterine displacements of a more or less serious nature, and I blush for all to



NORMAL POSITION.—SUPPOSED TO BE FIRST DEGREE OF PROLAPSUS.

say that we had no difficulty in confirming each others diagnosis. The uterus was often wrongfully accused and barbarously abused. Finding the long diameter of the uterus and vagina at right angles to each other, “prolapsus” is the verdict rendered against the unfortunate organ; and if, in consequence of an unusually

small amount of cellular tissue intervening between the uterus and bladder, the former is found without difficulty riding upon the latter, “anteversion” is the inevitable though erroneous diagnosis. Then if ante-flexion co-exist with the conditions already described, the case is supposed to be seriously complicated, and the appliances employed for restoration of the organ are correspondingly more diabolical.

“In the normally poised female body, a line passing from the vertex downward along the anterior border of the second lumbar vertebra, touching the inferior border of the pubic bone, and so on to the plantar arches, marks the center of gravity. Now this line falls anteriorly to the uterus, which lies back under the sacral arch, out of the way of the direct downward pressure of the abdominal contents. In short, the center of gravity of the abdominal organs is in front of the pelvic organs, and passes through the pubic bone.

“Whatever constitutional dyscrasias, luxurious habits of life, physical conditions, or other circumstances, may operate as depressing influences upon the vital forces of the system, debilitate the woman, interfere correspondingly with the axes of the body and change the center of gravity of all the organs. Standing or sitting in such a vicious position as to throw the body

into a curve with the concave surface looking forward, throws the center of gravity backwards through the pelvic organs, and the superincumbent weight is turned towards the line of the pelvic axis. Debility is opposed to the erect posture in standing, and our modern luxurious furniture suggests, if it does not compel, the curve when sitting. Thus, displacements are the logical sequence of these causes, and emphasize the fact that uterine dislocations may generally be regarded as the effect rather than cause of ill health, and should be treated on the basis involved in this principle.

ABNORMAL POSITIONS AND SYMPTOMS.

“The general diagnosis of displacements of the uterus is not difficult from the subjective symptoms alone, while the specific form of displacement in any given case cannot be positively known without objective investigation.

“When women are suffering from uterine derangements of the form under discussion, or otherwise, it will be observed that they generally do not apply to a physician for assistance until the expression of their disease is a complication of painful troubles, known as “reflex” or “sympathetic;” as, for example, when

there is functional derangement of the heart or stomach, due to the sympathy of the nerve centers that guard these organs, with the nerve center of the organ primarily diseased. But perhaps the most common of all the reflex symptoms that attend uterine and ovarian disorders, is cephalalgia, while this is certainly the most difficult to control.

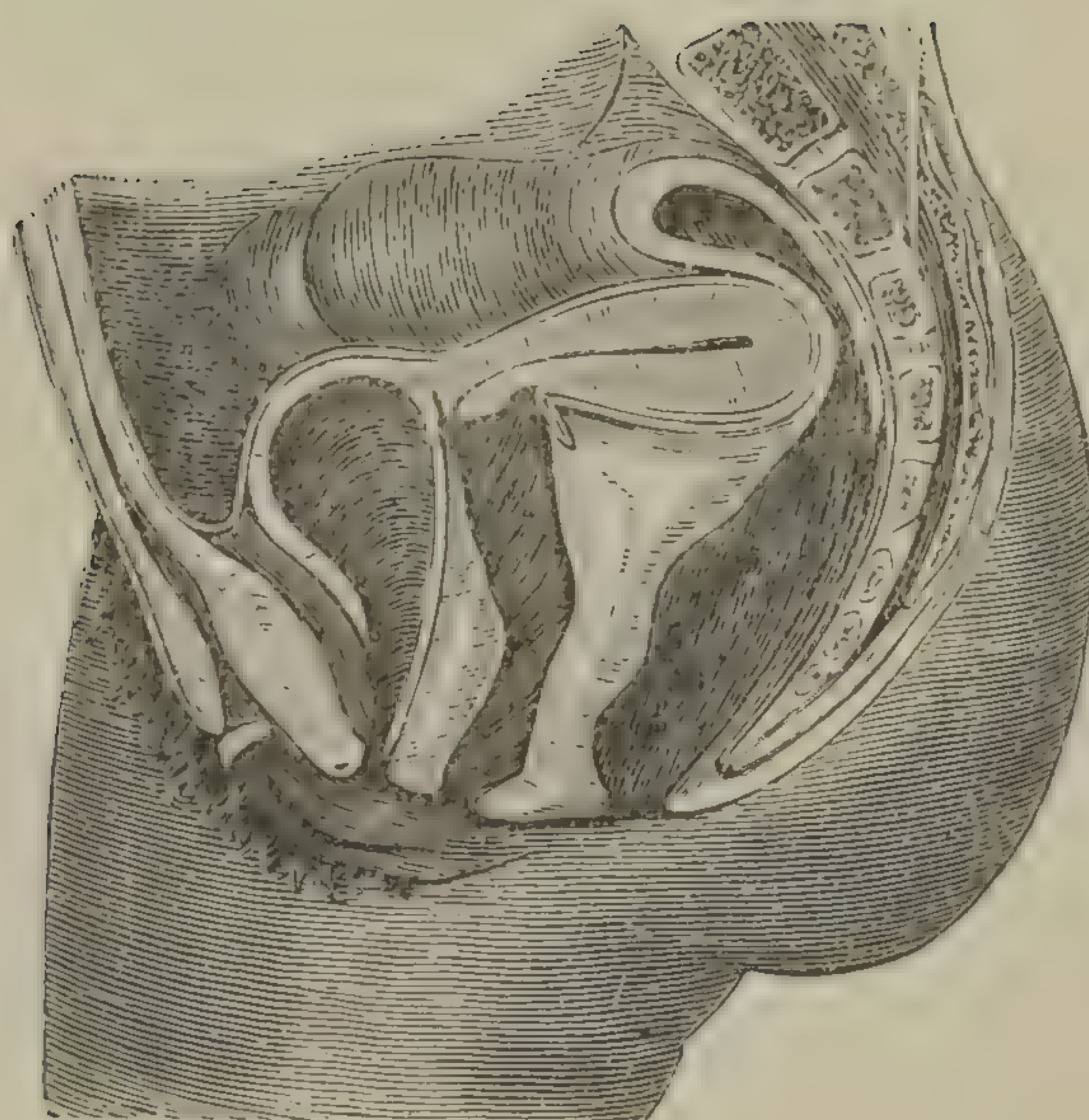
“Following, now, as a natural sequence of sympathetic irritation of organs distant in the body from the original disease, and owing in part, also, to the fact that grave displacements of the uterus may exist in the absence of any marked pelvic symptoms, our patients usually come to us complaining only of these reflex symptoms. But the observing physician who has had some experience in the treatment of this class of diseases, is led to a careful investigation of each case, employing such means as are necessary to elicit a complete account of its origin and progress. However, many cases are met with in which the pelvic symptoms are among the most prominent, and thus all difficulty of speedily reaching a correct diagnosis is removed.

“Among the most prominent subjective symptoms that indicate displacement of the uterus, are: Great weakness across the lumbar or sacral regions of the spine; irritation of the bladder, with frequent desire to urinate, which is attended with burning in the

urethra; sensation of weight or bearing down in the pelvis or drawing downward from the region of the ovaries; discomfort referred to the rectum, as from the pressure of a foreign body, irritating and producing a desire for stool; evacuation of the bowels accompanied by the feeling as if the feces would bring the pelvic organs down with them, and followed by aching, numbness or bearing down in the pelvis.

“But, although many of these symptoms may exist in any given case, with others of minor diagnostic importance that I shall omit, yet further investigation, as I have already intimated, will be necessary—that of a digital examination per vaginam—before a complete or satisfactory diagnosis can be made. Each physician, then, must decide for himself what subjective symptoms indicate the necessity for a tactile examination; and since I desire to treat specifically upon the replacement of the organ, I shall not stop to describe the exact nature of the case that may require mechanical treatment. Suffice it to say, however, that when the natural supports have become so much relaxed as to admit of any considerable permanent removal of the uterus from its normal position in the pelvis, other means besides medicine are likely to be required in effecting a cure.

“Now with the case in hand, without the aid of the

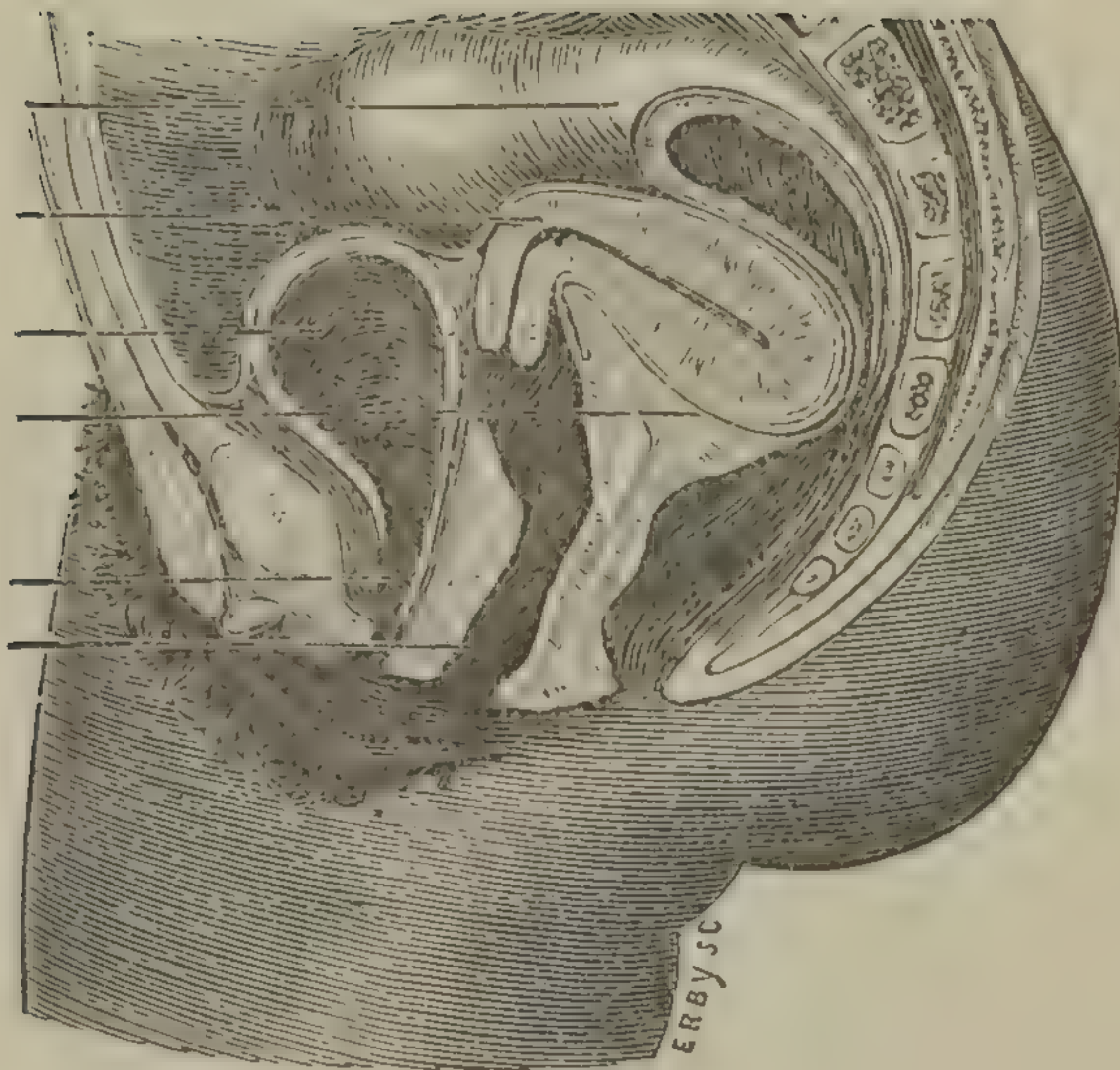


RETROVERSION.—SECOND DEGREE.

uterine sound, so much in use by many physicians, I proceed with the replacement upon purely mechanical principles.

“Let us suppose we have a case of retroversion on which we are to operate. With the patient lying on her back, and limbs well flexed upon the abdomen, I introduce two fingers of the right hand, if that be practicable, placing the left hand upon the abdomen next the skin, so that nothing shall interfere with my manipulations. Now, by the position of the mouth of the uterus, pointing forwards, and the absence of the uterine body overlying the bladder, poised, tumor-like, *in situ*; and further, by tracing with one finger along the posterior surface of the organ to the fundus, and finding the latter occupying a horizontal position in the pelvis, pointing backwards, resting beneath the sacral promontory, and pressing against the rectum—we readily recognize the physical characteristics of the case.

“Our physical explorations carried thus far, with the index finger resting against the anterior surface of the cervix uteri, and the other finger against the posterior surface, we have formed a lever on the principle of the tongs, with which we can raise several pounds, and will often succeed without difficulty in raising the uterus to its proper position. But in case of failure,



RETROVERSION AND FLEXION.

we may place the patient on the right side, which will remove the weight of the intestines to a considerable degree from the pelvic organs. Now, using the right hand as before, we attempt again what we just failed to accomplish; but still finding the task difficult, owing to the impaction which the organ has sustained during the months or years of its displacement, we will find very material aid by seeking the sacral promontory with the left hand and pressing deeply into the abdomen, so that the fingers will glide along the anterior surface of the sacrum to the fundus of the displaced organ.

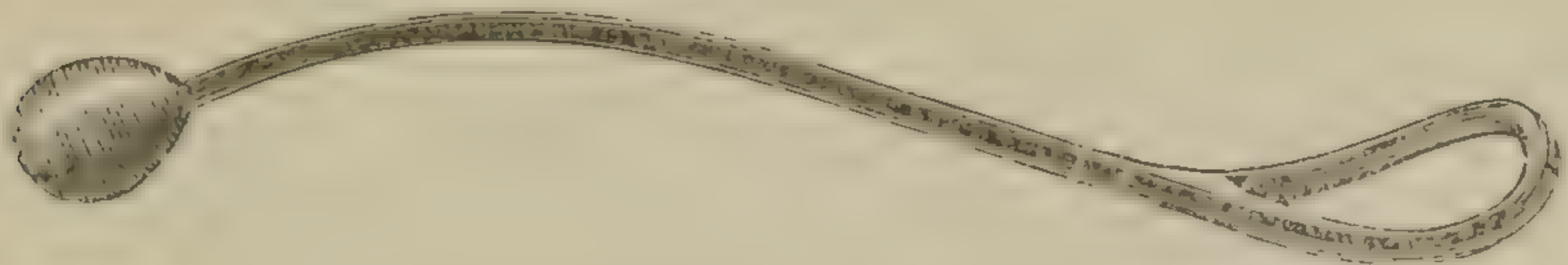
“It will be observed that we approach the fundus with two forces, the lines of approach forming a right angle; for if we are not able to raise the uterus by the leverage we have already secured with the two fingers of the right hand, the index finger may be allowed to rest on the anterior surface of the cervix uteri, while the other finger seeks the fundus, to operate more directly with the force brought to bear with the left hand.

“But again, if we should not succeed in this last position, it will be well to place the patient on the left side, with the back to us, while another effort is made. And besides the manipulations over the abdomen, already described, it will often be of great assistance

to have the patient incline the body a little from the side on which she lies towards the face, while with the left hand under the hip, we elevate the body so the force of gravity will aid in returning the uterus to its normal position. The same principles hold good in other displacements, only of course the force should be applied according to the indications in each case; and among the great variety that exists, cases will seldom be found in which the practical results of this process will not most fully commend the theory advanced. However, where inflammatory processes have resulted in adhesions of the peritoneal covering of the uterus to that of the rectum, we will have a complication that will interfere with the success of our operations, in proportion to their extent and solidity. But the same complication would interfere with our efforts to replace the uterus with the sound also; while the injury done to the organ would necessarily correspond with the increased force such a condition would require.

“I regard the use of the sound exceedingly objectionable, in the fact that it irritates the mucous membrane of the uterus; and in many cases where the mucous surface is already congested or inflamed, it must retard the recovery of the patient. But not only does the sound injure the uterus, for it may induce irritation of the ovaries and cellular tissue, and even cellulitis and

ovaritis. Indeed, my observation has been, not alone among my own patients where the sound had been used, but also among the patients of other physicians, that when the most careful use was made of this



COMBINED UTERINE ELEVATOR.

instrument occasionally, the improvement that would naturally occur during the two or three weeks' absence of treatment, would be all or nearly all canceled at the next operation with the sound.

“The sound has a diagnostic use, and for that I shall continue to employ it when necessity demands it; but rarely have I found it required for several years past in replacing a dislocated uterus, and I am fully convinced that its perversion in this form of disease has resulted in more injury than its most discriminate use can ever counterbalance.”

One of the best instruments for repositing the uterus is the Combined Uterine Elevator.

HOMŒOPATHIC THERAPEUTICS,

In selecting a remedy for a given case, consult both the Clinical Index under the appropriate heading, and the various remedies here given. In case of doubt, refer to the Materia Medica. After the selection is made, give the remedy plenty of time to act. The patient should report, or be seen at least once a week.

ACONITUM NAPELLUS.

Prolapsus usually of sudden occurrence with or without hæmorrhage, with inflammation of the genital organs. Heat, dry skin, anxiety with cold perspiration. Nervous excitability with great fear of death; bitter vomiting.

ÆSCULUS HIPPOCASTANUM.

Prolapsus or retroversion with inflammation of the cervix. Prolapsus with uterine pains running downward. Pain in the right hypogastric region. Throbbing in the pelvic cavity and hypogastrium. Leucorrhœa with constant backache. Pain especially in hip and sacrum; great lameness in the back, worse on walking. Occipital pains, light colored soft stools. Large, protruding, painful hæmorrhoids.

AGARICUS MUSCARIUS.

Prolapsus especially after cessation of menses. Prolapsus with profuse, dark leucorrhœa. Itching of the genitals and desire for an embrace. Swelling of the vagina. Aversion to work. Irresistible drowsiness in day time.

ALETRIS FARINOSA.

Prolapsus from muscular atony. Prolapsus with menses too profuse and too early. Metrorrhagia. Leucorrhœa. Habitual tendency to abortion. Want of appetite. Indigestion. Great debility.

ALOE.

Prolapsus with labor like pains extending down the legs. Labor like pains in loins and groins, worse when standing. Menses too profuse and too early, with dragging down into the rectum and fullness in the pelvis; too early and too long. Uterine hæmorrhage about the climaxis. Leucorrhœa of bloody mucus, preceded by colic. Fullness, heat and heaviness in the hypogastrium. Backache. Hæmorrhoids protrude in bunches, and are relieved by cold water. Debility. For women of relaxed and phlegmatic habit.

ALUMINA.

Prolapsus with bland, painless ulcers upon the os; stitches, throbbing, itching in the vagina. Leucorrhœa corroding, profuse, running down the heels, often only in day time, relieved by cold washes. Hysteria. Palpitation of the heart. Frequent micturition; urine smarting, even corroding. Pain in sacrum. Tremor. Symptoms worse every other day, or during dry weather, better in the open air or in wet weather.

AMMONIUM MURIATICUM.

Prolapsus with uterine pains extending from the right side of the pubes to the hip and small of back. Uterine pains extending from both os pubes to the small of back; cutting and stitches, with urging to urinate evenings; menses too profuse; too early and too profuse; too early; black; clotted; with pain in abdomen and back lasting all night; flow worse at night. Leucorrhœa like the white of an egg, or brown, slimy after making water. Continual leucorrhœa. Leucorrhœa painless or preceded by pain around the navel. Distention of abdomen without accumulation of wind. Crumbling stools. Cannot walk erect, on account of pain as from a sprain in the groins. Discharge of blood at stool, during menses; coldness between the shoulders; backache, especially at night. Displacements with pain in the groins; they feel sore, as if swollen.

ANGUSTURA.

Prolapsus after rising in the morning, with quickly following stitches, relieved by cold washing.

APIS.

Prolapsus with pain in the right hypogastric or ovarian region. Hypertrophy of the uterus. Bearing down pain, with tenderness over the ovarian region. Affections of the ovaries, with stinging pain, worse from coition. Menses too profuse; scanty; intervals of one day; irregular; bloody mucous; dark red. Menorrhagia or dysmenorrhœa from congestion of the ovaries. Amenorrhœa with pain in the right hypogastric region. Pain in the right ovary, before and during menses. Leucorrhœa, acrid, profuse, green or yellowish. Urine scanty and dark, often burning or smarting; exceptionally too profuse. Edema of different parts of the body. Swelling under the eyes. Dropsy. Thirstlessness with most every affection. Waxy paleness of the skin.

ARGENTUM METALLICUM.

Prolapsus with pain in the left ovary and small of back, extending to the front and downwards. Ulcers (scirrhus) of the uterus discharging purulent, ichorous, sometimes bloody water, with unbearable stench. Cervix spongy. Painful soreness in the whole abdomen, worse when riding in a carriage.

ARGENTUM NITRICUM.

Prolapsus with shooting pains through the abdomen and stomach. Pains like sticks or slivers in or about the uterus, excited whilst walking, riding, or at stool. Bleeding ulcers of the uterus, the hæmorrhage being of short duration. Menses too profuse, too early and too long; scanty or irregular and clotted; too profuse with cutting in the small of back and groins. Leucorrhœa bloody; corroding; yellow; profuse; mucous. Metrorrhagia at climaxis, or in young widows, or in those who have borne no children. She is always hurried. Moral and nervous disturbances appear in regular paroxysms. Vertigo in the morning with headache. Distention of abdomen and stomach. Backache, especially at night, with great weakness of the legs. Discharge of urine in drops. Great debility. For scrawny, feeble, dried up looking women.

ARNICA.

Prolapsus caused by concussion, leaving a sore, bruised feeling in the uterine region, which prevents her from walking erect. Prolapsus with ulcers with tendency to bleed. Menses too profuse and too often; blood bright red, mixed with clots. Bloody discharge between the menstrual periods. Metrorrhagia after coition. Excessive sensitiveness of mind. Very nervous, cannot stand pain. Head hot, body cool. Putrid eructations. Nausea in the epigastrium. Urine with

brick dust sediment. Tendency to small boils. For nervous and sanguine, plethoric women, with red face, lively expression, disposed to cerebral congestion.

ASTERIAS RUBENS.

Displacements with sensation of pressure in the hypogastrium, impeding locomotion.

AURUM.

Prolapsus from straining or lifting; worse during menses. Prolapsus of the uterus and vagina. Prolapsus with induration and bruised, shooting or drawing pains. Chronic inflammation. (Aurum mur. Aurum mur. natr.) Heat in the vagina. Menses delayed, especially the first; or too late and too scanty. Amenorrhœa with great melancholy. Leucorrhœa thick and white; or profuse, corroding, yellow. Her mind constantly turns toward suicide. Hysteria. Quarrelsome. Fine pimples on the face. Retention of urine and difficult stool, (Tarantula) worse during menses. Urination frequent with painful retention. Urine like buttermilk. Severe backache, worse during menses. Drawing pain at the pubes. Cold hands and feet.

BELLADONNA.

Prolapsus after parturition especially. Prolapsus at climaxis; parts congested, burning, stinging, tension, bearing down; in the loins and sacrum drawing, cutting, pressing, cramp like pains; with nervous irritable women. Prolapsus with induration. Bearing down pains, as if everything would issue from the vulva, relieved by standing, especially felt in the morning. Spasmodic contraction of the uterus and terrible bearing down pain, worse in the morning. Transient stitches in the uterine region. Genital organs sensitive, can bear neither touch nor the least jar. Heat and dryness of the vagina. Affections of the right ovary. Drawing pains in the pelvic region. Menses too early and too profuse; blood bright red; retarded and too pale. Blood black; clotted; hot; offensive. Bloody discharges between the menstrual periods. Amenorrhœa with congestion to the head. Dysmenorrhœa, with rush of blood to the head, especially in women of full habit, with pain in limbs and back. Leucorrhœa of white mucus; with or without colic. Hysterical headache. Takes cold easily, especially when uncovering the head. Backache as if the back would break. Most of the pains come and go quickly.

BENZOIC ACIDUM.

Prolapsus with fetid urine.

BROMIUM.

Prolapsus, the uterus descends about two inches; membranous dysmenorrhœa. Wind from the vagina. Pain in left ovary

CALCAREA CARBONICUM.

Prolapsus with sensation of pressure on the uterus. Bearing down, as if prolapsus would occur, and the internal organs would pass out, hence the difficulty in standing. Stinging in the os. Constant aching in the vagina. Burning in the cervical canal. Ulcers. Polypus. Accumulation of mucus between the labia and thighs; menses too early, too profuse, and too long; the least excitement causes a return; cold, damp feet; rush of blood to the head; swelling and pain of breasts before menses; too late, retarded. Membranous dysmenorrhœa. Suppression of menses in women of full habit. Leucorrhœa like milk with itching and burning; before menses; during micturition; profuse at times; worse after exercise; with great debility. Desponding mood. Fault finding. Ill-humor. Hysteria. Stupefying, throbbing headache. Supra-orbital neuralgia. Headache with empty eructations. Icy coldness in and about the head. Head and upper part of the body sweats profusely at night. Vertigo on going up stairs. Trembling pulsation of the heart. Sour vomiting. Painful micturition. Backache. Heaviness of the limbs and great fatigue from walking.

Cold feet as if she had on damp stockings; shortness of breath. Bloated abdomen with emaciation and good appetite. Anasarca from working in the water. Great sensitiveness to cold air. Climaxis. Leucophlegmatic temperament. Old maids, or women who have had no children.

CALCAREA PHOSPHORICUM.

Prolapsus as well as other displacements worse during stool, micturition or menses. Displacements with rheumatic pains; worse in damp weather, or in changes from warm to cold. Prolapsus with aching in the uterus. Pain and pressure in the genitals. Throbbing, stinging, tickling, sore aching with drawing upwards in the symphysis and downward in the thighs. Menses too profuse. Menses every two weeks; black; clotted; too late; blood dark, or first bright, then dark. Leucorrhœa after menses, like the white of an egg; it increases in the ratio that the menses decrease. Mental anxiety. Fault finding. Acne with red pimples full of pus. Dirty complexion. Weak sinking feeling in the abdomen. (Phosphoricum.) Flatulency. Burning in the epigastrium. Fistula in ano. Hæmorrhoids oozing a watery fluid all the time. Every cold causes rheumatic pains. Young ladies who have been crossed in love.

CANTHARIDES.

Prolapsus with swelling of the cervix; Itching in the vagina. Burning in vulva and pudendum. Inflammation of ovaries. Menses too early and too profuse; blood black; bloody mucus; retarded. Membranous dysmenorrhœa. Burning in the sides of the head, ascending from the neck, with soreness and giddiness; worse in the morning and afternoon; better when walking or lying down. Loss of appetite. Aversion to food. Thirst, with aversion to all fluids. Burning in the breast and in the stomach. Urinary difficulties; constant desire to urinate, passing only a few drops at a time; burning after micturition.

CARBO ANIMALIS.

Prolapsus with induration. Ulcers, scrofulous or malignant, with foul discharge. Tearing transversely across the pubis, and then through the pudendum as far as the anus. Stitches in the groins; menses too early with terrible exhaustion, can hardly speak; too profuse, too early and too long; blood black; with lameness in the thighs, pressing pain in back and groins; chilliness; yawning. Leucorrhœa acrid, offensive, staining the linen yellow; watery; worse on walking or standing, with weak feeling in the stomach. Alternate cheerfulness and despondency. Excessively merry. Heaviness in the cerebellum. Pain in vertex

as if the skull were open. Copper colored complexion, many pimples on the face. Bitter taste, especially in the morning. Eructations tasting of food. Distress after a meal. Pain in the stomach. Delicate women with glandular affection.

CAULOPHYLLUM.

Anteversion with flexion and uterine contraction. Coitus painful; pains continue a long time after the attempt.

CHAMOMILLA.

Prolapsus with menses too early and too profuse; blood dark, clotted, sometimes offensive; suppressed from anger or checked perspiration. Profuse discharge of clotted blood, with severe labor like pain, and tearing in the legs. Discharge of blood between the menstrual periods. Gripping and pinching in uterus followed by discharge of large clots. Membranous dysmenorrhœa. Leucorrhœa, yellow, smarting, sometimes corroding. Acrid water from the vagina after a meal. Burning in the vagina as if excoriated. All ailments accompanied with an altered change of mind and disposition; when amiable in health, she is now uncivil, snappish, short spoken, irritable, and during the aggravation of pains, she almost becomes furious and wild. Semi-lateral, tear-

ing headache; usually with one red cheek. Headache felt even during sleep. Twitching of the eyelids. Toothache, worse after warm drinks. Drawing from the small of the back forward. Crampy feeling in the calves at night. Frequent desire to urinate; passing large quantities of pale water. Pains are worse at night, and in the open air; better after sweating, on rising, and when walking.

CHINA.

Prolapsus, likely caused by sexual excess, loss of blood or other fluids. Prolapsus with painful induration of the vagina. Ovarian affections. Menses too profuse and too early; black clots with spasms in chest and abdomen; or watery, pale, with clots. Menses too profuse, with sensation of great distention of the abdomen; after menses great weakness, trembling debility, with ringing in the ears and fainting; with spasmodic uterine contractions. Bloody menses with discharge of black coagula or purulent matter, with itching or contractions of the inner parts. Discharge of bloody serum alternating with pus. Leucorrhœa before menses, instead of menses with itching. Full of plans, especially nights. Sadness. Indifference and apathy. Slow train of ideas. Excessive anguish. Congestive headache. Heaviness in the head. Headache as if the head would burst. Periodical neuralgia; worse from touching the parts. Humming in the ears.

Complexion pale, gray or yellow. Bitter taste of everything she takes; or at the back part of the tongue. Eructations, especially after a meal; she feels full and tight. Flatulency. Diarrhœa. Scanty urine with brick dust sediment. Backache worse from the least motion. Cough with granular expectoration during the day or evening; not at night or in the morning. Night sweat morning and night. Sweat after the least exertion. Marked periodicity of symptoms.

CIMICIFUGA.

Prolapsus from deficient innervations and muscular atony with pain in the hypogastric region. Retroversion. Prolapsus with pain in uterus. Great tenderness of the uterus to pressure. Spasms of the broad ligaments. Sharp pains across the hypogastrium. Pain in loins and groins, worse from standing, with fullness and heaviness in the uterine region. Pain in the pelvis and lower part of abdomen, worse from motion. Bearing down pain in abdomen and small of back. Menses too early and too profuse; dark, coagulated; scanty; severe pain in abdomen, has to double up; retarded or suppressed from different causes. Rheumatic dysmenorrhœa. Leucorrhœa with sensation of weight in uterus; without ulceration; in hysterical or rheumatic women. Great melancholy with sleeplessness. Frontal headache. Pain in and

over the eyes, extending to the occiput. Pain in the eyeballs; violent aching in the small of back. Lumbago. Spinal myalgia. Limbs feel heavy and torpid. Faintings.

COLLINSONIA.

Prolapsus with dysmenorrhœa. Amenorrhœa from congestion of uterus. Leucorrhœa. Pruritus. Hæmorrhoids. Chronic constipation. Chronic diarrhœa after parturition.

CONIUM.

Prolapsus with induration. Ulceration. Stinging in the cervix. Contractive, labor like pains, from both sides of the abdomen. Bearing down pains as if prolapsus would occur, worse when standing or walking; before or during menses. Aching, burning soreness in hypogastrium. Induration of the mammæ or other glands. Sterility. Menses too early and too scanty; or too late and too scanty; with discharge of brownish colored blood; too profuse. Congestive dysmenorrhœa, with shooting pain in left chest. Before menses. Breasts swollen hard, painful; bearing down with drawing in the legs. Amenorrhœa with hysterical symptoms; low spirited; flabby breasts and great exhaustion after the least exercise; crampy pains in the bowels. Leucorrhœa profuse; acrid and corroding; thick, milk like, with labor like colic; preceded

by colic and lameness in back, and followed by debility, hoarseness and cough with expectoration; bloody mucous. Great depression of spirits. Hysteria from suppression or too great indulgence of the sexual instinct. Inclination to start. Want of memory. Excitable. Darting pain through the forehead, from within outward. Vertigo when lying down, and especially when turning over. Sick feeling in the morning. Cough, worse when lying down, or at night; especially during pregnancy. Stitching in the small of the back, with drawing pains in the lumbar vertebræ, especially when standing. Stiffness of the legs. Numbness and coldness of the feet. Chilliness in the morning. Sensation of great debility in the morning when in bed. Sudden loss of strength while walking.

DIRCA PALUSTRIS.

Prolapsus with sensation as if the uterus were too low, and would come out at stool.

ERIGERON.

Prolapsus with metrorrhagia.

FERRUM.

Prolapsus with shooting pains in uterus. Painful coitus. Prolapsus of vagina. Pain in the right hypochondriac region. Menses too late, too profuse and too long. Watery or lumpy, preceded by labor like pains. Menses intermittent; ceased two or three days, and then returns; too profuse, like flooding, in delicate and weakly women, with red face. Before menses; stinging headache; ringing in the ears; discharge of long pieces of mucus from the uterus. Amenorrhœa with chlorosis; congestive headache; fiery, red face; feels weary and tired all the time, with desire to lie down. Leucorrhœa, bland, milky; or with itching and soreness; acrid and corroding in the beginning; with pain in the os uteri when lying down, and dryness of the vagina. Hysterical symptoms after menses. Anasarca; bellows around the heart. Women whose faces become bright red easily, during pain or emotional excitement, when otherwise pale.

FERRUM JODATUM.

Retroversion with pressure upon the rectum, that she can neither stand nor walk. Congestion of uterus; burning on pressure and weight over sacrum, dragging pains in loins, or pelvis and thighs (especially in anæmic girls) with imperfect circulation; cold hands and feet; nausea in the morning, brownish tongue on first rising, with sordes on teeth, bloated feeling and rumbling in abdomen.

GELSEMIUM.

Anteflexion; the uterus feels as if squeezed by a hand. Cutting uterine pains running from the front backward and upward.

GRAPHITES.

Anteversion; the finger reaches the os with difficulty; vagina cold; pains worse while standing.

HELONIAS.

Prolapsus at climaxis, with great debility, and extreme mental depression. Prolapsus from atony, in women enervated by indolence and luxury. Prolapsus with the os protruding even externally. Anteversion, the finger passes with difficulty between the os and rectum. Ulceration of cervix or os; discharge constant, dark, offensive. Consciousness of a womb. Vaginal irritation. Ovarian pains. Soreness and heaviness in the hypogastrium. Uterine hæmorrhage, often even from the least exertion, or lifting a weight. Menses too profuse and too often; in women already feeble from loss of blood; blood coagulated and offensive; scanty, with weakness, drowsiness and albuminous urine. Amenorrhœa. Leucorrhœa, profuse; with serum; with hæmorrhage; with atony and anæmia; with stitching, swelling and inflammation of vulva;

pruritus. Face sallow, having an expression of suffering. Digestive disorders. Backache. Dragging and weakness in sacrum.

HYDRASTIS.

Prolapsus with ulceration of cervix, os and vagina. Leucorrhœa profuse, ropy, thick. Pruritus. Sympathetic affection of the digestive organs.

IGNATIA.

Prolapsus with menses too early and too profuse; blood black, clotted, putrid; scanty, delayed. Amenorrhœa. Crampy pains in uterus, with lancinations, worse from touching the parts. Labor like pains, followed by purulent, corroding leucorrhœa. Leucorrhœa with excited sexual desire. Sighing. Brooding to herself. Seeks to be alone. Full of grief. The slightest contradiction irritates her. Lovely disposition. Headache as if a nail were driven from within out, through the sides of the head. Nervous headache. Aching in forehead and the root of the nose. Throbbing headache. Empty feeling at the pit of stomach. Want of appetite. Aversion to milk, meat or warm food. Canine hunger. Throbbing in the abdomen. Prolapsus ani from even moderate pressure to stool. Painful contraction of the anus after stool. Hæmorrhoids prolapse with every stool, and are very painful.

Stitches from the anus up to the rectum. Frequent discharge of watery urine. Chlorosis with swelling of feet. Cold hands and feet. Numbness of feet and legs. Convulsive yawning. Hysterical convulsions. Most all her symptoms worse in the morning; from coffee; tobacco; noise; reading; sunlight; better when changing position, or lying on the painful side. Sanguine nervous temperament.

IPECACUANHA.

Prolapsus with uterine pains running downward. Menses too early and too profuse; blood bright red. Menses returns every two weeks. Great weakness after menses. Menorrhagia with constant nausea and vomiting. Peevish humor. Aching in the head. Lancinating in the forehead. Pale face. Blue rings around the eyes. Vomiting of ingesta. Distress in the umbilical region.

KALI BICHROMATICUM.

Prolapsus seemingly from hot weather. Menses too early, with vertigo, headache, nausea and feverishness. Membranous dysmenorrhœa. Leucorrhœa, yellow, ropy, can be drawn out in strings, stiffening the linen; with pain across the small of back, and dull heavy pain in epigastrium. Swelling of the labia. Soreness and rawness in vagina. Accumulation of

mucus about the genitals. Ill-humor. Lowspirited. Indifference. Aversion to all kinds of labor. Morning headache, usually with pain over one eye. Sudden attacks of vertigo. Shooting pains through the abdomen. Stitches extending from the abdomen to the spine. Constipation. Obstinate suppression of urine. Red urine. Unrefreshing sleep; awakes with a start at 2 A. M., with nausea and headache. Pain in the coccyx. For fat and light haired women in particular.

KALI CARBONICUM.

Prolapsus with menses too late and too scanty, and of a pungent odor; acrid, corroding the thighs; too early, too profuse and too long. Before menses; sexual desire, with the sensation of a thrill as during an embrace, especially on waking in the morning; sour eructations; shooting or crampy pains in abdomen; swelling of cheeks and gums. During menses; pain in the head, ears, teeth, back; coryza; heavy aching in the small of back and down the buttocks; griping colic with pressure in abdomen and groins; backache when walking; pain in the back as from a heavy weight; nettle rash; pudendum sore, burns and itches. After menses soreness in vagina during coition; pimples at the vulva. Amenorrhœa with anasarca or ascites; heart disease; tendency to consumption. Leucorrhœa acrid; corroding. Leucorrhœa yellow, with backache; labor pains; itching in

pudendum; itching pain in and about the uterus; aversion to an embrace or the opposite; shooting pain all over the abdomen. Anguish and sadness. Vexed and irritable. Tendency to stool, especially when touched. Drowsiness in day time. Nightmare. Wakes at 3 A. M. Dullness in head. Headache when walking or riding. Pressure over the eyes. Burning in the eyes. Painful bloatedness of both groins. Cold hands and feet. Bloated face in the morning, especially between the eyebrows and upper lip. Dryness and itching of the skin. Aggravation at 3 A. M., after coition and menstruation.

KREASOTUM.

Prolapsus especially after menses. Prolapsus with induration. Ulceration. Uterus tender to touch. Menses too profuse, too early and too long; intermittent; in the third month of pregnancy; succeeded by an acrid smelling, bloody ichor, with itching; pain during the flow, but much aggravated after it; of dark colored coagulated blood; or watery blood with colic. Metrorrhagia. Leucorrhœa corroding and putrid; staining linen yellow and stiffening it; bland or acrid, causing itching; milky after coccydynia; between the menses, with great weakness, especially in the legs; intermittent, worse when standing or walking; profuse, smelling like green corn, with backache and flushes of heat in the face; of blood and mucus when rising in the morning. Stitches in vagina from

above downward like electric shocks; (Scirrhus). Swelling, heat and hardness of the labia. Painful coitus. Bearing down and weight in the pelvis. Burning in the pelvis as if from live coals, with constant whining and moaning. All uterine complaints worse after menses. Ill-humor and low spirited, worse from music, causing her to weep. Weakness of memory. Lacerating headache. Humming and buzzing in the head, with even hardness of hearing. Livid complexion. Chilliness. Frequent desire to urinate. Herpes. Climaxis.

LACHESIS.

Prolapsus with climaxis; with flashes of heat, hot vertex. Congestion. Ulceration, syphilitic or otherwise, or with condylomata. Uterine region extremely tender to touch; can't bear her clothes resting upon it; she pulls her dress constantly away. Bearing down pains. Labor like pains, as if everything would issue from the vulva, followed by a slight discharge of blood. Uterine region feels as if swollen. Chronic pains in the right groin or uterine region while standing, extending to the genitals, or to the liver, umbilicus, stomach and chest. Swelling and induration of the right ovarian region, worse from motion or emotion. Menses regular, but too scanty and too short; lumpy black or acrid blood; delayed or intermittent; reappeared during climaxis. Menstrual colic beginning in the left ovary. Menstrual pains cease as

soon as the flow begins. Amenorrhœa with pain in the stomach, chest and eructations at every menstrual time. Leucorrhœa profuse, smarting, staining the linen green and stiffening it; with redness and swelling of the external parts. Lowspirited. Feels unhappy on awaking in the morning. Weeping. Jealous. Proud. Suspicious. Irritability and peevishness. Wants to be alone. Headache after a cold, preceding coryza. From the sun. Throbbing in the whole head, most violent above the eyes. Sensitiveness of the left side of the head. Morning headache relieved by lying down; worse from pressure. Vertigo with tendency to faint. Epistaxis. Yellow complexion with redness of cheeks. Constipation; stool resembles sheep's dung. Alternate constipation and diarrhœa. Constriction in rectum. Stitches in rectum when sneezing, laughing or coughing. Hæmorrhoids protrude after stool. Urine profuse and foaming. Bruised pain in the hips. Pain in coccyx when sitting down, as if sitting on something sharp. Chilliness at night and flashes of heat in daytime. All symptoms are worse after sleep, especially from sleep after dinner; they also commence on the left side generally. Lachesis is above all, applicable after Belladonna or Sepia have proven insufficient.

LILIUM.

Prolapsus and flexion. Prolapsus, anteversion or retroversion with constipation. Prolapsus with severe

bearing down pain as if everything would issue from the vulva; she is obliged to support the vulva with her hands, or to sit or lie down. Bearing down pain with pain in the left ovary and left mammæ. Bearing down pressure as if she would pass a stool. Neuralgic pains in uterus, cannot bear the touch, not even the weight of her clothes, or the slightest jar. Pain extending from the chest to the uterus. Aching over the pubes with pains in the knees. Sexual desire increased. Intermittent sharp pains across the lower bowels. Burning from groin to groin with morning stool. Bloated feeling in the abdomen and uterus. Pruritus. Menses scanty, flowing only as long as she is moving about; dark, thick, smelling like the lochia; on second day after the time to menstruate, with cutting in the bowels, and clammy limbs. After menses profuse, bright, yellow leucorrhœa, excoriating the external parts, even the perineum. Amenorrhœa with ovarian pains. Leucorrhœa profuse and corroding; staining the linen brown; with bearing down pain, worse in the afternoon till midnight; better till the next afternoon, when all the symptoms of the previous day return. Low spirited. Weeping. Apprehensive. She feels nervous and irritable, and yet she feels jolly. Always in a hurry, with inability to perform anything. Urgent desire to stool. Frequent desire to micturate, with burning in urethra. Urine bright colored; scanty; hot; red sediment. Pain in sacrum.

LYCOPodium.

Prolapsus with dropsy of the uterus. Uterine pains running upward. Wind discharged from the vagina. Warmth and dryness of the vagina. Burning in the vagina, during or after coition. Cutting across the hypogastrium, from right to left. Diseases of the ovaries, beginning with the right. Menses too profuse and too long; blood partly black, clotted, and partly bright red or serum, with labor pains, followed by fainting; too late and too long. Menses too scanty; too early; reappearing every six or eight days. Increased discharge of blood from the genitals during every passage of a hard or soft stool; suppressed from fright. Amenorrhœa. Leucorrhœa in starts; milky, or blood red; worse before a full moon; corroding, with sensation of pressure through the vagina when stooping. Always wakes up very cross. Low spirited. Weeping; doubts about her salvation. Desires to be alone. Headache over the eyes, especially after breakfast. Stitches in the temples. Swelling and sensitiveness at pit of stomach. Gripping in the epigastrium. Satiety; after even a morsel of food has been taken. Hunger at night when awaking. Incarcerated flatulency. Rumbling in the bowels; especially in left hypochondrium. Constipation. Severe backache every time she desires to urinate. Red sand, or brick dust sediment in the urine. Palpitation of the heart. Swelling of the soles of the feet. Pain in the soles of the feet. Unrefreshing sleep. Shivering. Great debility. Chlorosis. Aggravation of symptoms from 4 to 8 P. M.

MAGNESIA MURIATICUM.

Displacements with great weakness of the limbs, especially the legs. Bearing down in the ovarian region. Uterine spasms extending to the thighs. Induration of the os. Menses too profuse, and too early or too late, with great pain in back when walking, and in the thighs when sitting. Leucorrhœa after stool, or after uterine pains, followed by metrorrhagia. Hysteria.

MERCURIUS.

Prolapsus of the uterus and vagina, (Merc. sol.) feels better after coition. Prolapsus with induration. Ulcers at the os or cervix, deep, with ragged edges; superficial; syphilitic: with or without condylomata. Itching of the genitals, worse from contact of urine, and relieved by cold washing. Deep, sore pain in pelvis, dragging in the loins. Abdomen weak, as if it had to be held up, or it would drop down by walking. Pain and pulling downward above the genitals, with pulling pains in both thighs, as if the muscles and tendons were too short. Sterility or easy conception. Menses too profuse, with anxiety and colic. Scorbutic affections appear, or become aggravated during menses. Discharge of blood between the menstrual periods. Amenorrhœa with congestion to the head, and general vascular excitement at every menstrual period. Leucorrhœa corroding, causing itching; or

purulent, containing lumps, and worse at night; bland; greenish; with sweetish odor; with pimples on the labia; with a sensation of coldness. Constant anxiety and apprehensiveness. Indifference. Peevishness. Suspicious. Congestion to the head, with feeling as if the head would fly to pieces. Headache at night. Pain in the breasts. Frequent desire to urinate; urine red or brown. Cold, clammy sweat on the legs every night. Swelling of hands and feet. All symptoms worse at night from the heat of the bed.

MUREX PURPUREA.

Prolapsus with uterine pains extending upwards from right side of uterus, crossing the body, to the left mammæ. (Lilium from chest to uterus.) Pain in uterus as if cut by a sharp instrument. Bloody leucorrhœa during stool. Leucorrhœa watery; green; thick; profuse before menses. Uterus feels dry, and as if constricted. Increased sexual excitement. Gone sensation at the stomach, worse about 11 A. M., relieved by eating and lying down.

NATRUM CARBONICUM.

Prolapsus with bearing down pain in hypogastrium, as if everything would issue from the vulva. Induration of the cervix, and ill-shaped os. Menses too early

and too long; preceded by drawing in nape of neck and headache. During menses, tearing headache, distended abdomen in the morning, relieved by diarrhœa; nervous, cannot bear music; worse in a thunder storm. Leucorrhœa thick, yellow, putrid, ceasing after urinating.

NATRUM CHLORICUM.

Prolapsus with interscapular and vertebral neuralgia. Leucorrhœa. Great debility.

NATRUM MURIATICUM.

Prolapsus with swelling and hardness of the cervix. Ulceration. Bearing and pressing down pains as if prolapsus would occur, every morning, has to sit down to prevent it. Bearing down pains, as if everything would issue from the vulva, no matter if she is standing, sitting or lying. Sterility with too early and too profuse menses. Itching pimples on the pudenda, with falling off of the hair. Aching in the lumbar region, relieved when lying on the back. Cutting in the urethra after micturition. Uterine cramps with burning and cutting in the groins. Dryness of vagina and painful coition. Menses too profuse and too early. Menses too scanty, too late and too short. Before menses; great anxiety and sadness; qualmishness with sweetish taste rising into the mouth, in the

morning especially; expectoration of bloody saliva; headache; heavy eyes; palpitation. During menses; extreme sadness; violent headache on awaking in the morning; colic. After menses; headache; leucorrhœa; itching of vulva. Amenorrhœa with excessive redness at each menstrual period. Leucorrhœa profuse, white, transparent; acrid, greenish; when awaking in the morning after colic; transparent; causes itching; with yellow complexion; lasting only a few hours; with headache; colic and mucus diarrhœa; with severe bearing down pains. Irritable and cross after coition. Awakens every morning with violent headache. Great appetite; longing for salt, or for bitter food or drink. Constipation. Fissure of the anus with flow of blood. Involuntary urination when coughing or laughing. Weak voice and exhaustion from talking. Palpitation when lying on the left side. Pulsation in the small of the back. Pain in the small of the back when rising. Backache relieved by lying on something hard. Languor and heaviness of the arms. Burning of the feet when walking. Cold feet. Sleepiness in day time, and sleeplessness at night. Sleep disturbed. Dreams of robbers. Chlorosis. Debility, worse mornings in bed. Especially applicable to those cases that have been subject to topical application of Nitrate of Silver, when high attenuations will be found preferable.

NITRIC ACIDUM.

Prolapsus with bearing down pain as if prolapsus would occur; with backache, and pain through the hips and thighs. Ulcers on the os like aphthæ. Syphilitic mercurial ulcers. Excrescences on the cervix. Condylomata. Stitches in vagina when walking in open air. Itching of the vulva. Pruritus worse from taking cold. Falling off of the hair from the genitals. Uterine hæmorrhage from over exertion. Menses too profuse and too early. Menses too scanty, too early, irregular, like muddy water; dark, thick blood, with eructations, and cramp like pains, as if the bowels would burst. Leucorrhœa greenish water or mucus; flesh colored; brown; acrid; ropy; fetid. Irritability. Great redness. Indifference. Tired of life. Joyless. Yellow face, especially around the eyes, with red cheeks. Pimples or black pores on the face and forehead. Bitter taste. Longing for fat, herring, chalk, earth. Aversion to bread and meat. Constant nausea with heat in the throat. Food causes acidity. Pain in the region of the liver. Abdomen swollen, with pain down the thighs. Flatulency. Feels so weak that she looses breath and speech. Inclination to diarrhœa. Cutting pains in the anus after stool, lasting for hours. Fissures at the anus. Stitching and burning in rectum. Hæmorrhoids. Urine with strong fetid odor. Hard knots in the mammæ. Debility with heaviness and trembling of the limbs, especially mornings. Antidote to diseases of mercurial origin. Symptoms worse in the evening and at night; many are relieved from eructation and carriage riding.

NUX MOSCHATA.

Displacements with too profuse menses especially anteversion. Labor like pains. Flatulent distention of the uterus. Enormous distention of bowels after each meal. Pain and pressure in back outward. Sensation of a lump in the left lower abdomen; anteversion. Prolapsus of uterus and vagina, with dryness of mouth, tongue and throat, especially when sleeping. Sterility. Hysteria; globus hystericus. Pain and vomiting from pessaries. Menses too early; too late; irregular, thick and dark; with bearing down; pulling and drawing in limbs; waterbrash; stitches in lower abdomen, worse while sitting; pain in the liver; pain in the back as if a piece of wood was lying crosswise and being pressed out; tension in hypogastrium; great drowsiness; mouth dry; fainting; hysterical symptoms. Suppression of menses from exposure to wet, with pain in abdomen. Leucorrhœa instead of menses. Changable disposition. Absent mindedness. Great tendency to laugh, worse in the open air. Heaviness in the head. Sudden heaviness from walking against the wind. Cough when getting warm in bed. Enlargement of liver and spleen. Fainting with palpitation, followed by sleep. Symptoms worse from cold, wet or windy weather; when riding in a carriage; better from warmth; warm weather. Adapted to women with dry skin, who do not perspire easily.

NUX VOMICA.

Prolapsus after miscarriage; after parturition; after straining or lifting, or from reaching high. Prolapsus of long standing, with dry cough and sense of constriction around the hypochondria. Prolapsus with great urging to stool or to urinate. Ulceration of the os. Condylomata. Congestion and bearing down pain. Severe backache. Backache, cannot turn over in bed. Uterine pains running from the uterus to the neck of the bladder and abdomen. Pain bearing down early in the morning when in bed, or during a walk. Soreness across the pubes. Sensation of contraction in the bowels. Pain in the hypogastrium; (left.) Pains toward the sacrum, with ineffectual urging to stool. Periodical pains in the bowels, setting in after a meal. Crampy, stitching pain in pelvis. Uterine spasms, with colic and discharge of coagula. Swelling within the vagina. Burning, heaviness, stitching in uterus. Hardness and swelling of the os. Itching eruption on vulva. Varices on the labia. Micturition frequent, little at a time, with burning. Prolapsus of the uterus and vagina. Menses too profuse, too early and too long; too early, too scanty and too short; with colic; discharge of dark, thick, clotted blood; reappear after having seemed to cease; irregular. Menorrhagia at climaxis. Leucorrhœa fetid staining the linen yellow. Restlessness. Excitability. Cross. Headache in occiput. Headache in forehead, as if the eyes were forced out. Headache in vertex as if a nail were driven into

it. Stitches and jerking through the body. Indigestion from high living. Constipation of large, difficult stools. Drawing in the thighs. Sleeplessness after 3 A. M., she feels unrefreshed in the morning. Debility, she wants to sit or lie down all the time.

OPIUM.

Prolapsus from fright. Softness of the uterus. Menses too profuse with violent colic, has to bend over, and urging to stool. Amenorrhœa from fright, with great drowsiness. Chronic constipation with hard, black balls. Eclampsia.

OVI TOSTA.

Chronic prolapsus with profuse and long lasting hæmorrhage. Profuse leucorrhœa of a white, yellow, green or sanies character. The characteristic symptom of *broken-back* is always prominent. Especially adapted to chronic cases, even where cancer is suspected.

PALLADIUM.

Prolapsus with right ovarian pains. Heaviness and pressure deep in the pelvis; relieved by lying on the left side. All motions are painful. Weeping mood.

PETROLEUM.

Prolapsus in patients reduced from chronic diarrhœa, the latter occurring during the day only; great debility. Menses too profuse and too early; too late and too scanty; with intense itching. Before menses throbbing in the head. During menses, singing and roaring in the ears; heat in the palms of hands and soles of feet; tearing in the thighs; spots on the legs painful to touch; weakness. Leucorrhœa like albumen; profuse; every day; with lascivious dreams at night. Irritable disposition and inclination to scold. Lowspirited. Weeping. Pulsation in the cerebellum. Involuntary micturition. Hæmorrhoids. Fetid sweat in the axillæ. Soreness and moisture on the genitals. Herpes on perinæum.

PHOSPHORUS.

Prolapsus with weak, sinking feeling in the abdomen. Uterine pains running upward. Stitches from the vagina into the pelvis. Sterility from excessive voluptuouness, or with too profuse and too late menses. Leucorrhœa instead of menses; corroding, causing blisters. Debility. Emaciation. Fainting.

PICRIC ACIDUM.

For the excessive tired feeling attending some case of prolapsus.

PLATINA.

Prolapsus with induration. Ulceration. Bearing down, as if prolapsus would occur; especially during menses. Ovarian irritation, especially when with stitches in the forehead. Pain, sensitiveness and continual pressure in the region of mons veneris and the genital organs. Pruritus with anxiety and palpitation. Vulva sensitive to coition. Increased sexual desire. Frequent sensation as if the menses would appear. Menses too early, too profuse, and too long or too short; blood dark, partly clotted, partly fluid; too profuse and too late; blood thick, like tar; with low spiritedness; colic; twitching with screams; pulling in the groins; headache; desire for stool. Amenorrhœa; sudden suppression of menses, with extreme anguish, and fear of dying. Leucorrhœa like the white of an egg, only in day time; after urination or after rising from a seat, with pressing down in the groins, or in the pudendum. Excessive pride and haughty disposition. Fear of death with trembling of the limbs. Low spirited. Absent minded. Hysteria. Headache as if a tape were drawn around the head. Terrible pressing headache. Twitching of the eyelids. Burning heat in the face with great thirst, especially towards evening. Sensation of coldness and creeping of the whole right side of the face. Pale face. Want of appetite. Constipation while traveling. Red urine with white clouds. Weakness of the nape of neck. Backache. Most ailments worse during rest, better during motion.

PODOPHYLLUM.

Prolapsus of uterus, or of uterus and vagina from over lifting or straining. Prolapsus of uterus and rectum, with exhausting but natural morning stool. Prolapsus after parturition, especially with great pain in sacrum. Prolapsus with induration. Ulcers. Hypertrophy. Pain in left ovarian region. Lumbar backache after working. Bearing down sensation as if the genitals would protrude during stool. Menorrhagia from straining. Amenorrhœa in young women, with bearing down in the hypogastric and sacral regions, with pain from motion, better when lying down. Leucorrhœa of thick, transparent mucus. Flatulency infrequent. Rumbling and pain in the transverse colon. Pain and soreness in the liver, relieved by rubbing the parts. Constipation. Muco-gelatinous stools.

PULSATILLA.

Prolapsus with pressure in abdomen and back as from a stone. Worse on lying down and from heat, better in the fresh air. Crampy constriction in vagina. Bearing down every morning. Pain in uterus from touch, and during coition. Menses too late, too scanty, too short; intermittent; blood thick, clotted, or thin, watery; or changable; worse during day while walking; suppressed after getting the feet wet; from chlorosis; from nervous debility with throbbing head-

ache; with pressure in stomach; pain in uterus; dysuria; pressure on the bladder, frequent and copious micturition, without strangury; ophthalmia; morning nausea. Metrorrhagia changable; stops and flows at climaxis, or after the abuse of Quinine and Iron. Disposition mild, bashful, yielding. Inclination to weep. Low spirited, gloomy, silent. Great anguish. Fear of death. Confusion in head. Lacerating pain in one side of the head, ears and teeth. Headache as if from overloading the stomach, or eating fat food. Vertigo. Dimness of vision. Exceeding bad taste in mouth every morning, and dry tongue without thirst. Nothing tastes good. Indigestion. Ineffectual urging to stool. Limbs tired, go to sleep. Chilliness and paleness of face. All symptoms worse in the evening; while lying on the left or painful side; or in a warm room. For women good natured, phlegmatic, blond hair.

RHUS TOXICODENDRON.

Prolapsus after parturition; straining or lifting. Prolapsus in rheumatic persons, whose pains compel her to shift about in order to get relief; she feels worse in damp weather, or before a storm. Uterine complaints resulting from exposure to cold damp weather; from getting wet, particularly while perspiring. Labor like pains and pressure in abdomen while standing. Soreness in vagina, hindering embrace. Menses too profuse, too early, too long; acrid,

causing biting in vulva; light colored; with coagula and labor pains. Amenorrhœa from getting wet; with milk in the breasts. Low spirited. Tired of life. Fear of death. Ill humor. Absent minded. Weeping, especially in the evening. Desire to be left alone. Bruised pain in small of back. Backache relieved by lying upon something hard. Pain in the ankles. Walking, first with difficulty, but as she proceeds, she walks better and better. Feels worse after a long walk.

SECALE · CORNUTUM.

Prolapsus after parturition. Prolapsus; the os almost protrudes; uterus hot and painful; dilatation of the os so as to admit the middle finger, with great desire to urinate; labor pains relieved by wet bandages or pressure upon the abdomen; this lasted three days; she did not miscarry, though the os remained open during this period; afterwards the uterus gradually ascended, the pains diminished, and after five or six days the os contracted. Prolapsus with ulceration; thin, bloody discharge; gangrenous or painless; it feels as though it had been burned; indolent ulcers, discolored and rapidly spreading. Bearing down pain. Menses too profuse and too long, with tearing, cutting colic; cold extremities; cold sweat; great weakness and small pulse; with violent spasms; blood thin and black; or black and clotted; or brown, fetid fluid. Atonic hæmorrhages during climaxis. For thin and scrawny women.

SEPIA.

Prolapsus of the uterus and vagina from relaxation of uterine and vaginal supports, relieved by lying down, worse from standing, sitting or any exercises, with bearing down pains, goneness at pit of stomach, pain and burning in small of back. Prolapsus with congestion. Flexion. Procidentia. Ulceration. Superficial ulcers on the os. Chronic metritis. Cervicitis. Induration. Pain in hypogastrium. Stitches mostly in the neck of the uterus, extending to the umbilicus and pit of stomach. Tenderness of the genital organs. Coition painful. Bearing down pain as if prolapsus would occur, she must lie down and cross her limbs to prevent it. Uterine pains running from the groins outward and backward. Uterine pains running upward to the umbilicus, loins, stomach and chest. Violent stitches in vagina upward. Swelling and eruption of vulva. Great irritability of the bladder; leucorrhœa, hot flashes of heat. Sediment of urine adhering to the vessel, and difficult to remove. Emptiness at pit of stomach, especially about noon, relieved by eating or lying down. Menses too early and too profuse; too late and too scanty. Amenorrhœa. Metrorrhagia at climaxis or during pregnancy. Leucorrhœa of yellow or greenish water; like pus; bad odor and much itching in vulva. Retroversion with pressure upon the rectum as if from a lump or ball, not relieved by stool. Oppression of breathing. Yellow saddle across the bridge of the nose. Chilli-

ness; aversion to open air. For women with dark hair; especially during pregnancy, child bed or while nursing.

SILICEA.

Prolapsus with myelitis or spinal irritation. Ulcers at the os or cervix, with sensation of coldness in them. Increased sexual desire with spinal affections. Very little sexual desire. Nausea during or after coition. Bearing down pressing in the vagina, parts tender to touch. Serous cysts in the vagina. Itching in pudendum. Menses too early and too scanty; too profuse and too late; irregular, every two or three months; acrid, fetid; between the regular periods. Metrorrhagia or amenorrhœa from suppressed foot sweat. Leucorrhœa, profuse, corroding; milky, preceded by cutting around the navel. Constipation. Offensive foot sweat. Icy cold body. Painful hæmorrhoids. Hysteria. Debility.

STANNUM.

Prolapsus of uterus with bearing down pain. Prolapsus of vagina, worse during stool; feels so weak, she must drop down suddenly, but can get up readily. Menses too early and too profuse, preceded by melancholy and pains in the malar bone, which continue during menses. Leucorrhœa with debility; yellow,

white, transparent mucus. Neuralgic pains; pain begins lightly and increases gradually to its highest point, from which it gradually declines. Great weakness in larynx and chest; they give out when talking, singing or reading; all of which will cause great exhaustion, and she has to avoid them.

STRAMONIUM.

Prolapsus with pain in the left hypogastric region
Menses too profuse. Whining and sobbing after menses.

SULPHUR.

Prolapsus from reaching high. Prolapsus worse from standing. Prolapsus with pain in the hypogastrium; (right.) Bearing down in pelvis, towards the genitals. Menses too late and too short; suppressed; blood thick, dark, corroding the thighs, sour smelling. Before menses headache; cough in the evening; epistaxis. During menses epistaxis, rush of blood to the head, weak faint spells. Leucorrhœa of yellow mucus; corroding, preceded by pain in the abdomen. Weak feeling in the hypogastrium and genital organs. Burning in the vagina, she is scarcely able to keep still, especially so when sitting. Sore feeling in vagina, during coition. Itching of vulva, with pimples all around, and burning in the vagina. Uterine pains

running from the groins to the back. Sterility with too early and too profuse menses. Weak, faint and hungry from 11 to 12 A. M., must have something to eat. Heat at the vertex. Terrible sick headache weakens her very much. Rush of blood to the head. Epistaxis. Heavy, deep sleep, which exhausts her. Light sleep awakens frequently, which in turn weakens her. Walks stooped from debility. Burning in the soles of the feet. Symptoms worse at night, during rest, and when standing a while; the heat of the bed especially aggravates nocturnal pains. For scrofulous persons; and those who are lean, and walk stooping.

TARANTULA.

Prolapsus; anteversion; or retroversion, with retention of urine and difficult stool. Mterine neuralgia with great redness and despair. Pruritus. Metrorrhagia. Great weight and burning in hypogastrium, with upward pressure. Continual leucorrhœa.

THUYA.

Prolapsus with ovarian affections; (left.) Ulcers on the os, flat, like aphthæ. Excrescences of the uterus, bleeding easily, and very offensive. Violent pain in the left iliac region, when walking or riding; she must lie down, to get relief; the same occurs during menses, and extends into the left groin. Sensitiveness of the

vagina, preventing coition. Pain and cramps in vulva and perinæum, when rising from a seat. Moist condylomata. Inflammation of left ovary, worse during menses. Menses too early and too profuse, preceded by profuse sweat. Leucorrhœa, mucous. Excrescences around the meatus urinarius, with constant desire to urinate. Foaming urine. Disinclined to talk, especially in the morning. Wants to be alone. Hurried with ill-humor. Talks hastily. Irritable. Music causes weeping and trembling of feet.

TRILLIUM.

Prolapsus with chronic engorgement of the cervix. Prolapsus from over exertion, too long walking or riding. Menses too profuse, and worse from the least movement.

USTILAGO.

Prolapsus with menorrhagia. Cervix tumefied, bleeds when touched. Bearing down pain as if prolapsus would occur. Constant aching, referred to the mouth of the womb. Burning in the ovaries. Pain in the ovaries; worse in the left, shooting down the legs. Menses too scanty, with ovarian irritation; too profuse and too early; blood clotted. Membranous dysmenorrhœa. Metrorrhagia during climaxis; more or less constant oozing of dark blood, with small

coagula. Between the menstrual periods, constant suffering under the left breast, at the margin of the ribs. Sinking, weak sensation at the stomach.

VERATRUM ALBUM.

Prolapsus of uterus with dysmenorrhœa; or prolapsed and strangulated vagina, with vomiting, diarrhœa, exhaustion, and cold sweat. Menses too profuse and too early; suppressed, with despair of salvation and blood spitting. Amenorrhœa with nervous headache, leaden face, nausea, vomiting and diarrhœa. Pains and tenderness of the hypogastrium. Great debility.

ZINCUM.

Prolapsus with violent intermittent pain with ulcers upon the os; bloody, acrid discharge; uterus and ulcers almost destitute of feeling. Increased sexual desire, especially at night, tempting to masturbation. Burning pain in the left ovary, partially relieved by pressure, but subsiding entirely during menses. Pruritus. Varices on the genitals and legs; with fidgety feet. Menses too profuse and too early; lumps of coagula passing away only when walking; flow most profuse at night. Dysmenorrhœa with heavy limbs; violent drawing, twisting around the knees; oppression of stomach, has to loosen her dress; chilli-

ness. Amenorrhœa with red and pale face alternately. Leucorrhœa of bloody mucus, with itching of vulva, after menses; preceded by cutting colic; thick mucus, three days before and after menses. Low spirited at noon, and lively in the evening, or vice versa. Headache from drinking even small quantities of wine. Headache relieved during menses. Aversion to food. Pressing pain in the abdomen. She is never well, except during menses.

REPERTORY

OR

CLINICAL INDEX.

It may facilitate the selection of the remedy if the local condition and the *three* most prominent symptoms serve as guides. These may point to the remedy. The therapeutics should now be consulted, and if necessary, the materia medica appealed to for final decision. Some physicians instead of taking one or more characteristic symptoms as their guide, write down all the symptoms of the case and then divide them up to correspond with the heads in this repertory. In that way the selection is very easy. The therapeutics and materia medica may be appealed to before a final decision is reached. Which ever method is resorted to the case should be frequently reviewed.

UTERINE DISPLACEMENTS.

Anteversion. Calc. phos., Cauloph., Graph., Helon., Lilium, Nux m., Sepia, Tarantula.

Retroversion. Æscul. hipp., Calc. phos.; Cimicifuga, Ferr. jod., Lilium, Sepia, Tarantula.

Flexion. Cauloph., Helon., Lilium, Sepia.

Anteflexion. Gels.

Prolapsus more or less with all the remedies given in this treatise.

Prolapsus after cessation of menses. Agaric. m., Kreasot.

Prolapsus after parturition. Bell., Nux v., Podoph., Rhus tox.

Prolapsus with prolapsus of vagina. Aurum, Ferr., Merc., Nux m., Nux v., Sepia, Stan.

Prolapsus with prolapsus recti. Podoph.

Prolapsus from muscular atony. Alet. far., Cimicifuga, Helon.

MIND AND DISPOSITION.

Absent mindedness. Nux m., Plat., Rhus tox.

Alternate cheerfulness and despondency. Carbo. an., Nux m.

Altered state of mind, when amicable in health, she is now cross, snappish, uncivil, and during aggravation of pain, she becomes almost furious and wild. Cham.

Anxiety and anguish. Acon., Calc. phos., Chin., Kali c., Merc., Puls.

Apprehension. Lilium, Merc.

Aversion to work. Agaric. m., Kali bich.

Brooding over herself. Ignat.

Desire to be alone. Ignat., Lach., Lyc., Rhus tox.

Disinclined to talk, especially in the morning. Thuya.

Doubts about her salvation. Lyc.

Excitable. Acon., Conium, Nux v.

Fault finding. Calc. c., Calc. phos.

Fear of death. Acon., Plat., Puls., Rhus tox.

Full of plans, especially at night. Chin.

Hurried in all her actions. Argt. nitr., Lilium.

Hurried, hasty in her talking. Thuya.

Hysteria. Calc. c., Cimicifuga, Ferr., (after menses,) Ignat., Magn. m., Nux m., Plat., Silic.

Hysteria from suppression of, or great indulgence in the sexual instinct. Conium.

Ill-humor. Calc. c., Kali bich., Kali c., Kreasot., Lach., Nux v., Petrol., Rhus tox.

Ill-humor and cross always on awaking. Lyc.

Indifference and apathy. Chin., Kali bich., Merc., Nitr. ac.

Irritability. Nitr. ac., Petrol., Thuya.

Irritability and nervousness, and yet she feels jolly. Lilium.

Irritability from the slightest contradiction. Ignat.

Jealousy. Lach.

Joyless. Nitr. ac.

Laughing, great tendency to, worse in open air. Nux m.

Lovely disposition. Ignat., Puls.

REPERTORY OR CLINICAL INDEX.

Low spirited, melancholic. Calc. c., Chin., Conium, Helon., Ignat., Kali bich., Kali c., Kreasot. (Worse from music, it makes her weep.) Lach., Lilium, Nitr. ac., Petrol., Plat., Puls., Rhus tox.

Low spirited and unhappy when awaking in the morning. Lach.

Low spirited at noon, lively in the evening; or vice versa. Zinc.

Low spirited with sleeplessness. Cimicifuga.

Merry, excessively. Carbo an.

Moral or nervous disturbances appear in regular paroxysms. Argt. nit.

Mild, bashful, yielding disposition. Puls.

Nervousness. Lilium.

Nervousness, can't bear music; worse in thunder storm. Natr. c.

Nervousness, can't stand pain. Arnica.

Nervousness, inclination to start. Conium, Kali c. (especially when touched.)

Peevish. Ipec., Lach., Merc.

Pride. Lach., Plat.

Quarrelsome. Aurum.

Restlessness. Acon. Nux v.

Sensitiveness, excessive. Arnica.

Sighing, full of grief. Ignat.

Slow train of ideas. China.

Suicidal inclination. Aurum.

Suspicious. Lach., Merc.

Talks hasty. Thuya.

Tired of life. Nitr. ac., Rhus tox.

Want of memory. Conium, Kreasot.

Weeping. Lach., Lilium, Lyc., Pallad., Petrol., Puls., Rhus tox., Thuya. (from music.)

HEAD.

Burning in the sides of the head, ascending from the neck, worse in the morning and afternoon. Canth.

Confusion. Puls.

Congestion. Arnica, China, Merc., Sulph.

Dullness. Kali c.

Heat of head when body is cool. Arnica.

Heat at the vertex. Sulph.

Heaviness. China, Nux m.

Heaviness in cerebellum. Carbo an.

Humming and buzzing in head, with even hardness of hearing.

Kreasot.

Pain in the head; headache.

Pain aching. Ipec.

Pain after a cold, preceding coryza. Lach.

Pain as if a nail were driven from within out, through the sides of the head. Ignat.

Pain as if a tape were drawn around the head. Plat.

Pain as if from overloading the stomach, or eating fat food.

Puls.

Pain as if the head would burst and fly to pieces; congestive.

China, Merc.

Pain at night. Merc.

Pain felt even during sleep. Cham.

Pain from drinking even a small quantity of wine. Zinc.

Pain from the sun. Lach.

Pain frontal, and root of nose. Ignat.

Pain frontal, as if the eyes were forced out. Nux v.

Pain frontal, darting from within outward. Conium.

Pain frontal, lancinating. Ipec.

Pain frontal, over one eye; pressure. Kali c.

Pain frontal, over the eyes; after breakfast. Lyc.

Pain frontal, over the eyes, extending to the occiput. Cimicifuga.

Pain frontal, over the eyes throbbing; violent. Lach.

Pain frontal, stitches. Plat.

Pain frontal, supra-orbital neuralgia. Calc. c.

Pain half sided; also in ears and teeth. Puls.

Pain half sided; usually with one cheek red. Cham.

Pain hysterical. Bell.

Pain in cerebellum; throbbing. Petrol.

Pain occiput. Æscul. hipp., Nux v.

Pain in the morning, relieved by lying down; worse from pressure. Lach.

Pain in the morning; usually with pain over one eye. Kali bich.

Pain in the morning, when awaking. Natr. m.

Pain in the morning, with vertigo. Argt. nitr.

Pain in the temples; stitches. Lyc.

Pain in vertex. Carbo an.

Pain in vertex; as if a nail were driven into it. Nux v.

Pain lacerating. Kreasot.

Pain nervous. Ignat.

Pain neuralgic, periodical, worse from touch. China.

Pain pressing, terrible. Plat.

Pain relieved during menses. Zinc.

Pain sick headache, that weakens her very much. Sulph.

Pain throbbing. Calc. c., Ignatia., Lach.

Pain when walking or riding. Kali c.

Pain with empty eructations. Calc. c.

Perspiration of head and upper part of body; profusely at night. Calc. c.

Sensation of left side of head. Lach.

Vertigo in the morning, with headache. Argt. nitr.

Vertigo on going up stairs. Calc. c.

Vertigo, sudden attacks of. Kali bich.

Vertigo when lying down; especially when turning over in bed. Conium.

Vertigo with tendency to faint. Lach., Puls.

EYES.

Burning in the eyes. Kali c.

Dimness of vision. Puls.

Pain in the eyeballs.

Swelling of the upper lids. Kali c.

Swelling under the eyes. Apis.

Twitching of the lids. Cham., Plat.

EARS.

Humming. China.

NOSE:

Epistaxis. Lach., Sulph.

FACE.

Acne with red pimples full of pus. Calc. phos.

Bloated in the morning, especially between eyebrows and upper lid. Kali c.

Blue rings around the eyes. Chin. Ipec.

Burning heat with great thirst; especially towards evening. Plat.

Complexion copper colored. Carbo an.

Complexion livid. Kreasot.

Complexion pale, Ipec., Plat., Puls.

Complexion pale, gray or yellow. Chin.

Complexion sallow, with expression of great suffering. Helon.

Complexion yellow, with redness of cheeks. Lach., Nitr. ac.

Sensation of coldness and creeping of the whole right side. Plat.

Yellow saddle across the bridge of nose. Sepia.

MOUTH. TEETH. TASTE.

Dryness of tongue and throat, especially when sleeping. Nux m.

Toothache worse after warm drinks. Cham.

Taste bad every morning, excessive dry tongue without thirst. Puls.

Taste bitter. Carbo an., Nitr. ac.

Taste bitter at back part of tongue. Chin.

Taste bitter of everything she takes. Chin.

Nothing tastes good. Puls.

APPETITE.

Aversion to food. Canth., Zinc.

Aversion to food, especially bread or meat. Nitr. ac.

Aversion to food, especially milk or meat. Ignat.

Canine hunger. Ignat.

Hunger at night when awaking. Lyc.

Longing for fat, chalk and earth. Nitr. ac.

Longing for salt, or for bitter food or drink. Natr. m.

Satiety, after taking even a small quantity of food. Lyc.
 Thirst with aversion to all fluids. Canth.
 Thirstlessness with most every affection. Apis.
 Want of thirst. Aletr. far., Canth., Ignat., Plat.

STOMACH.

Acidity from food. Nitr. ac.
 Burning in epigastrium. Calc. phos.
 Burning in epigastrium and breasts. Canth.
 Distress after a meal.
 Empty, gone feeling at pit of stomach. Ignat., Ustilago.
 Empty, gone feeling at pit of stomach at about 11 A. M. Murex
 purp., Sulph.
 Empty, gone feeling at pit of stomach, especially at noon.
 Sepia.
 Eructations after a meal especially; feels full. Chin.
 Eructations putrid. Arnica.
 Eructations tasting of food. Carbo an.
 Griping. Lyc.
 Indigestion. Aletr. far., Helon., Hydrast., Puls.
 Indigestion from high living. Nux v.
 Nausea during or after coition. Silic.
 Nausea in epigastrium. Arnica.
 Nausea in the morning. Conium, Ferr. jod.
 Nausea with heat in throat. Nitr. ac.
 Pain. Carb. an.
 Swelling and sensitiveness at the pit of stomach. Lyc.
 Vomiting and pain from pessaries. Nux m.
 Vomiting bitter. Acon.
 Vomiting of ingesta. Ipec.
 Vomiting sour. Calc. c.

ABDOMEN.

Bloated after each meal; enormous. Nux m.
 Bloated wind of stomach. Argt. nitr.
 Bloated with emaciation and good appetite. Calc. c.
 Bloated with pain down the thighs. Nitr. ac.

Bloated without accumulation of wind. Amm. m.

Bloated feeling in abdomen and uterus. Lilium.

Bloated feeling with rumbling. Ferr. jod.

Contraction and sensation of. Nux v.

Distress in the umbilical region. Ipec.

Enlargement of liver and spleen. Nux m.

Incarcerated flatulency. Lyc.

Pain, aching in lumbar region, relieved by lying on the back.
Natr. m.

Pain periodical, setting in after a meal. Nux v.

Pain in region of liver. Nitr. ac.

Pain in region of liver relieved from rubbing the parts. Podoph.

Pain in left iliac region violent, when walking or riding; she
must lie down. Thuya.

Pain pressure in abdomen and back, as from a stone. Puls.

Pain, soreness, worse when riding. Argt. m.

Pain shooting. Kali bich.

Pain shooting in abdomen and stomach. Argt. nit.

Pain stitches, extending to the spine. Kali bich.

Rumbling, especially in left hypochondrium. Lyc.

Rumbling, especially in transverse colon. Podoph.

Throbbing. Ignat.

Weak, sinking feeling. Calc. c., Phos.

Weak, sinking feeling as though she had to keep it up, or it
would drop when walking. Merc.

HYPOGASTRIC REGION.

Feels swollen. Lach.

Fullness, heaviness, with heat. Aloe.

Fullness, heaviness, with pain in groins and loins, worse from
standing. Cimicifuga.

Pain from standing. Cimicifuga, Verat. alb.

Pain, aching, burning, soreness. Conium.

Pain above the pubes, with pain in the knees. Lilium.

Pain and pulling down above the genitals, with pulling pain
in both thighs, as if muscles and tendons were too short.
Merc.

Pain at pubes. Aurum

Pain bearing down or labor like. See uterus.

Pain cutting across, from left to right. Lach.

Pain cutting across, from right to left. Lyc.

Pain intermittent. Zinc.

Pain intermittent across the abdomen sharp. Lilium.

Pain left. Lach., Nux v., Stram.

Pain right. Amm. m., Æscul. hipp., Apis, Ferr., Sulph.

Pain sharp; pains across the abdomen. Cimicifuga.

Pain, soreness across the pubes. Nux v.

Pain, soreness across and heaviness. Helon.

Pain stitches, transient. Bell.

Pressure in abdomen and weight great, with upward pressure.
Tarantula.

Pressure in abdomen hindering locomotion. Aster. rub.

Pressure in mons veneris and genital organs; continual. Plat.

Sensation of a lump in the left lower abdomen; anteversion.
Nux m.

Sensitiveness in abdomen, great aversion to touch. Bell.,
Lach., Lilium, Verat. alb.

Throbbing in abdomen and pelvis. Æscul. hipp.

Weak feeling in genital organs. Sulph.

PELVIC REGION.

Bearing down and weight. Kreasot.

Burning as if from live coals. Kreasot.

Heaviness and pressure; deep in pelvic region relieved by lying
on left side. Pallad.

Pain in pelvic region. Bell.

Pain crampy, stitching. Nux v.

Pain worse from motion. Cimicifuga.

GROINS. (SEE OVARIES.)

Bloatedness of both groins painful. Kali c.

Pain, burning from groin to groin, with morning stool. Lilium.

Pain in groins and loins; with fullness in hypogastrium, worse
when standing. Cimicifuga.

Pain in groins hindering erect walking. Amm. m.

Pain and stitches. Carbo an.

STOOL.

Bloody, during menses. Amm. m.

Constipation. Kali bich., Lach., Lilium, Lyc., Natrum m.,
Nux v., Opi., Podoph., Silic.

Constipation alternating with diarrhœa. Lach.

Constipation chronic. Collinson.

Constipation while traveling. Plat.

Diarrhœa. Chin.

Diarrhœa chronic, after parturition. Collinson.

Diarrhœa, inclination to. Nitr. ac.

Flatulency. Calc. phos., Chin., Nitr. ac., Podoph.

Difficult. Aurum.

• Light colored, soft. Æscul. hipp.

Muco-gelatinous. Podoph.

Retention of stool and urine. Tarantula.

Urgent desire. Lilium.

Urgent desire for stool and micturition. Nux v.

Urging, stool ineffectual. Puls.

URINARY ORGANS.

Difficulties of different kind. Alumina, Amm. m., Apis, Argt.
nitr., Aurum, Benz. ac., Calc. c., Canth., Cham., Chin.,
Ignat., Kali bich., Kreasot., Lach., Lilium, Lyc., Merc.,
Natr. m., Nux m., Nux v., Petrol., Tarantula.

Excrescences around the meatus urinarius, with constant desire
to urinate. Thuya.

Urine albuminous. Helon.

Urine foaming. Thuya.

Urine like buttermilk. Aurum.

Urine red, with white clouds. Plat.

Urine with brick dust sediment. Arnica, Chin., Lyc.

Urine with red sediment. Lilium.

Urine with sediment adhering to the vessel, and difficult to
remove. Sepia.

Urine with strong, fetid odor. Nitr. ac.

ANUS AND RECTUM.

- Constriction in rectum. Lach.
 Cutting pain in anus after stool. Nitr. ac.
 Fissures. Nitr. ac.
 Fissures with bleeding. Natr. m.
 Fistula in ano. Calc. phos.
 Hæmorrhoids. Æscul. hipp., Aloe, Calc. phos., Collinson.,
 Ignat., Lach., Nitr. ac., Petrol., Silic.
 Painful contraction of anus after stool. Ignat.
 Pressure as from a lump in rectum, not relieved by stool;
 retroversion. Sepia.
 Prolapsus ani from even moderate pressure to stool. Ignat.
 Prolapsus ani with exhausting, but natural morning stool.
 Podoph.
 Stitches from the anus to the rectum. Ignat.
 Stitches in rectum when sneezing, coughing or laughing. Lach.
 Stitching and burning in rectum. Nitr. ac.

SEXUAL ORGANS IN GENERAL.

- Accumulation of mucus. Kali bich.
 Accumulation between the labia and thighs. Calc. c.
 Inflammation. Acon.
 Pain across the pubes, extending through the pudendum as far
 as the anus. Carb. an.
 Pain and pressure. Calc. phos.
 Pressure in sexual organs and mons veneris, continual. Plat.
 Soreness and moisture. Petrol.
 Tenderness. Sepia.
 Tenderness, can neither bear the touch, nor the least jar. Bell.
 Weak feeling in sexual organs and hypogastric region. Sulph.

Vulva.

- Burning in vulva and pudendum. Canth.
 Condylomata. Lach., Merc., Nitr. ac., Nux v., Thuya.
 Inflammation. Helon.
 Itching. Silic.
 Itching with falling off of the hair. Natr. m. Nitr. ac.

Itching worse from contact of urine, relieved by cold washing.
Merc.

Pain and cramps in vulva and perinæum when rising from a seat. Thuya.

Pruritus. Canth., Collinson., Helon., Lilium., Nitr. ac. (from taking cold,) Nux v., Sepia, Sulph., Tarantula, Zinc.

Pruritus with anxiety and palpitation. Plat.

Sensitiveness to coition. Plat.

Swelling of the labia. Kali bich., Sepia.

Swelling of the labia, heat, hardness. Kreasot.

Varices. Nux v., Zinc.

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Vagina.

Coldness. Graph.

Cysts. Silic., Zinc.

Dryness and heat. Bell.

Dryness and warmth. Lyc.

Dryness with painful coition. Natr. m.

Heat. Aurum.

Heat and dryness. Bell.

Induration. Chin.

Itching. Canth.

Pain in vagina, aching. Calc. c.

Pain bearing down, parts tender to touch. Silic.

Pain burning. Bell., Cham.

Pain burning during and after coition. Lyc.

Pain burning, she can scarcely keep still, especially when sitting. Sulph.

Pain, crampy contraction. Puls.

Pain, irritation. Helon.

Pain, soreness and rawness. Kali bich.

Pain, soreness hindering coition. Rhus tox.

Pain, stitches from above downward. Kreasot.

Pain, stitches from below upward. Sepia.

Pain, stitches running into the pelvis. Phos.

Pain, stitches when walking in the open air. Nitr. ac.

Swelling. Agaric. m., Nux v.

Ulceration. Hydrast.

Wind from the vagina. Brom.

Uterus.

- Abortus; habitual tendency to. Aletr. far.
 Amenorrhœa. (See menses suppressed.)
 Cervix, inflammation of uterus. Æscul. hipp., Aurum, Sepia.
 Cervix spongy. Argt. m.
 Cervix swollen. Canth.
 Cervix swollen hard. Natr. m.
 Cervix tumefied, bleeds easily when touched. Ustilago.
 Conception easy. Merc.
 Congestion. Bell., Ferr. jod., Lach., Nux v., Sepia.
 Consciousness of a womb. Helon.
 Distention of womb flatulent. Nux m.
 Dropsy. Lyc.
 Dry feeling as if constricted. Murex purp.
 Excrescences. (See condylomata under vulva.) Merc., Nitr. ac.
 Thuya.
 Hæmorrhage, Metrorrhagia. Acon., Aletr. far., Apis, Erigeron,
 Kreasot., Tarantula.
 Hæmorrhage after coition, or between the menstrual periods.
 Arnica.
 Hæmorrhage between the menstrual periods. Bell., Cham.,
 Merc.
 Hæmorrhage during climaxis. Aloe., Argt. nit., Puls., Secal.
 cor., Sepia, Ustilago.
 Hæmorrhagia, from over-exertion. Nitr. ac.
 Hæmorrhage from the least exertion. Helon.
 Hypertrophy. Apis, Podoph.
 Induration. Aurum, Bell., Carb. an., Conium, Kreasot.,
 Magn. m., Merc., Natr. c., Natr. m., Plat., Podoph., Sepia.
 Inflammation. (See Cervix, Congestion.)
 Leucorrhœa. (For characteristics and concomitants see the
 pathogenesis of each remedy.)
 Leucorrhœa instead of menses. Chin., Conium, Nux m.,
 Phos., Silic., Zinc.
 Menses. (For characteristics and concomitants see the patho-
 genesis of each remedy.)
 Menses too profuse. Aurum. m., Apis, Argt. nit., Chin., Con-

ium, Ferr., Ipec., Merc., Nux m., Nux v., Opii., Podoph., Stram., Ustilago.

Menses too profuse, too early. Aletr. far., Aloe., Amm. m., Arnica, Bell., Canth., Cham., Chin., Cimicifuga, Helon., Ignat., Ipec., Magn., Natr. m., Nitr. ac., Petrol., Sepia, Stan., Thuya, Ustilago, Verat. alb., Zinc.

Menses too profuse, too early, and too long. Argt. nitr., Calc. c., Carbo an., Kali c., Kreasot., Nux v., Plat., Rhus tox.

Menses too profuse, too early and too short. Plat.

Menses too profuse and too late. Phos., Plat., Silic.

Menses too profuse, too late and too long. Ferr.

Menses too profuse and too long. Lyc., Secal. cor.

Menses too scanty. Apis, Argt. nitr., Cimicifuga, Helon., Lilium, Ustilago.

Menses too scanty and too early. Conium, Lyc., Nitr. ac., Silic.

Menses too scanty, too early, and too short. Nux v.

Menses too scanty and too late. Aurum, Conium, Kali c. Petrol., Silic.

Menses too scanty, too late and too short. Natr. m., Puls.

Menses too scanty and too short. Lach.

Menses too early. Amm. m., Calc. phos., (every two weeks,) Carbo an., Ipec., (every two weeks,) Kali bich., Nux m., Silic.

Menses too early, too long. Aloe., Natr. c.

Menses too late. Aurum, Bell., Calc. c., Calc. phos., Canth., Cimicifuga, Lach., Magn. m., Nux m.

Menses too late, too long. Lyc.

Menses too late, too short. Sulph.

Menses intermittent. Apis, Ferr., Kreasot., Lach., Puls.

Menses irregular. Argt. nitr., Nitr. ac., Nux m., Nux v., Silic.

Menses increased discharge of blood during a hard or soft stool. Lyc.

Menses returns after having seemed to cease. Nux v.

Menses returns during climaxis. Lach.

Menses returns from the least excitement. Calc. c.

Menses returns third month of pregnancy. Kreasot.

Menses suppressed. (For characteristics and concomitants see the pathogenesis of each remedy.) Amenorrhœa. Apis,

Aurum, Bell., Calc. c., Cimicifuga, Collinson., Ferr., Helon, Ignat., Liliun, Lyc., Merc., Nux m., Opi., Plat., Podoph., Puls., Sepia, Sulph., Verat. alb., Zinc.

Membranous dysmenorrhœa. Brom., Canth., Cham., Kalibich., Ustilago.

Pain in uterus. Cimicifuga.

Pain aching. Calc. phos.

Pain constant, referred to the os. Ustilago.

Pain as if the uterus was squeezed by a hand. Gels.

Pain bearing down; labor like. Bell., Nux m., Nux v., Secal. cor., Stram., Sulph.

Pain bearing down as if prolapsus would occur. Bell., Natr. c., Plat. Ustilago.

Pain bearing down as if prolapsus would occur during stool. Podoph.

Pain bearing down as if prolapsus would occur, has to sit down to prevent it. Natr. m.

Pain bearing down as if prolapsus would occur followed by slight discharge of blood. Lach.

Pain bearing down as if prolapsus would occur, has to support vulva with her hands. Liliun.

Pain bearing down as if prolapsus would occur, has to cross her limbs to prevent it. Sepia.

Pain bearing down as if prolapsus would occur, no matter if she is standing, sitting or lying. Natr. m.

Pain bearing down as if prolapsus would occur when standing or walking; before and during menses. Conium.

Pain bearing down as if prolapsus would occur with backache, and pain through the hips and thighs. Nitr. ac.

Pain bearing down, as if would have a stool. Liliun.

Pain bearing down, can hardly stand up. Calc. c.

Pain bearing down, every morning. Puls.

Pain bearing down, extending down the legs. Aloe.

Pain bearing down, followed by leucorrhœa. Ignat.

Pain bearing down, from both sides of abdomen; contractive. Conium.

Pain bearing down in abdomen and small of back. Cimicifuga.

Pain bearing down in groins and loins, worse when standing. Aloe.

Pain bearing down in morning, when in bed ; or during a walk.

Nux v.

Pain bearing down relieved by standing. Bell.

Pain bearing down while standing. Rhus tox.

Pain bearing down with pain in left ovary, and left mammæ.

Lilium.

Pain bearing down with tenderness over the ovarian region.

Apis.

Pain bearing down, worse in the morning ; violent, with spasmodic contractions of uterus. Bell.

Pain burning in the cervical canal. Calc. c.

Pain burning, stinging. Bell.

Pain burning, stitching, heaviness. Nux v.

Pain coming from the chest. Lilium.

Pain crampy, with burning and cutting in groins. Natr. m.

Pain crampy, with lancinations, worse from touching the parts.

Ignat.

Pain cutting as if from a sharp instrument. Murex purp.

Pain from touch, or during coition. Puls.

Pain like sticks or slivers in uterus, when walking, riding, or at stool. Argt. nitr.

Pain neuralgic, can't bear the least touch to the abdomen.

Lilium.

Pain neuralgic, with great sadness and despair. Tarantula.

Pain pressure, sensation of. Calc. c.

Pain relieved after coition. Merc.

Pain running downward. Æscul. hipp., Ipec., Lach.

Pain running downward from chest to uterus. Lilium.

Pain running from both os pubes to the small of back. Amm. m.

Pain running from front backward and upward. Gels.

Pain running from groins outward and backward. Sepia.

Pain running from groins to the back. Sulph.

Pain running from right side of pubes to the hip and small of back. Amm. m.

Pain running from uterus to neck of bladder and abdomen.

Nux v.

Pains running upward from right side of uterus, crossing the body to the left mammæ. Murex purp.

- Pain running upward in the symphysis, and downward in the thighs. Calc. phos.
- Pain running upward to liver; umbilicus; stomach; chest. Lach., Lyc., Phos., Sepia.
- Pain shooting. Ferr.
- Pain spasms, extending to the thighs. Magn. m.
- Pain spasms of the broad ligaments. Cimicifuga.
- Pain spasms with colic, and discharge of coagula. Nux v.
- Pain stinging in os or cervix. Calc. c., Conium.
- Pain stitches in the morning; when rising. Angustura.
- Pain worse while standing. Aloe., Graph., Sulph.
- Polypus. Calc. c.
- Sensation as if menses would appear; frequent. Plat.
- Softness of. Opi.
- Sterility. Conium, Merc., Natr. m., Nux m., Phos., Sulph.
- Tenderness of uterus to pressure. Cimicifuga, Kreasot.
- Ulceration of different kinds. (For characteristics see the pathogenesis of the remedies given.) Alumina, Argt. m., Argt. nitr., Arnica, Calc. c., Carb. an., Conium, Helon., Hydrast., Kreasot., Lach., Merc., Natr. m., Nitr. ac., Nux v., Plat., Podoph., Secal. cor., Sepia, Silic., Thuya, Zinc.
- Uterine complaints from exposure to cold, damp weather; from getting wet, especially when perspiring. Rhus tox.
- Uterine complaints worse after menses. Kreasot.

Ovaries. Ovarian Region.

- Affection of ovaries. Chin., Plat.
- Affections beginning with the left. Lach.
- Affections beginning with the right. Lyc.
- Affections of left. Brom., Lach., Thuya.
- Affections of right. Bell., Lach.
- Affections with stinging pain. Apis.
- Inflammation. Canth.
- Pain. Helon.
- Pain bearing down. Magn. m.
- Pain burning. Ustilago.
- Pain left. Podoph., Zinc.

Pain left and small of back, extending to the front and downward. *Argt. m.*

Pain right. *Apis, Pallad.*

Pain worse in left, shooting down the legs. *Ustilago.*

Mammæ.

Hard knots in the mammæ. *Nitr. ac.*

Induration. *Conium.*

Pain. *Merc.*

Sexual Desire.

Decreased, and very little. *Silic.*

Increased. *Agaric. m., Canth., Lilium, Kreasot., Murex purp., Nux v., Plat., Silic., Sulph., Zinc.*

Coitus.

Painful. *Argt. nitr., Bell., Cauloph., Chin., Ferr., Ignat., Kali c., Kreasot., Lyc., Merc., Natr. m., Nux m., Nux v., Puls., Rhus tox., Sepia, Sulph., Thuya.*

Nausea during and after. *Silic.*

LARYNX.

Weakness in larynx and chest great, they give out when talking, singing or reading. *Stan.*

Weak voice, and exhaustion from talking. *Stan.*

CHEST.

Cough dry, with sense of constriction around the hypochondria. *Nux v.*

Cough when getting warm in bed. *Nux m.*

Cough with granular expectoration, during the day or evening only. *Chin.*

Cough worse when lying down; at night. *Conium, Puls.*

Pain burning larynx and stomach. *Canth.*

Pain extending from the larynx to the uterus. *Lilium.*

Pain under left breast, on the margin of ribs, constant; between the menstrual periods. *Ustilago.*

Shortness of breath. *Calc. c., Sepia.*

HEART.

Palpitation. Alumina, Lyc.

Palpitation when lying on left side. Natr. m.

Trembling pulsation. Calc. c.

NECK AND BACK.

Coldness between the shoulders. Amm. m.

Inter-capsular and vertebral neuralgia. Natr. chlor.

Pain in sacrum. Alumina, Liliun, Podoph.

Pain in sacrum and hips. Æscul. hipp.

Pain in sacrum and loins. Bell.

Pain in sacrum and loins; pelvis; thighs. Ferr. jod.

Pain in sacrum, dragging and weakness. Helon.

Pain in small of back. Backache. Aloe., Aurum, Calc. c.,
Cimicifuga, Helon., Plat.

Pain in small of back after washing; lumbar. Podoph.

Pain in small of back and outward pressure. Nux m.

Pain in small of back as if back would break. Bell.

Pain in small of back at night especially. Argt. nitr.

Pain in small of back bruised. Rhus tox.

Pain in small of back, cannot turn over in bed. Nux v.

Pain in small of back drawing forward. Cham.

Pain in small of back every time she desires to urinate. Lyc.

Pain in small of back relieved by lying on something hard.
Natr. m. Rhus tox.

Pain in small of back, stitching, with drawing in lumbar ver-
tebræ, especially when standing. Conium.

Pain in small of back when rising. Natr. m.

Pain towards the sacrum with ineffectual urging to stool.
Nux v.

Pressure in back and abdomen, as from a stone. Puls.

Pulsation in small of back. Natr. m.

Spinal irritation; myelitis. Silic.

Spinal myalgia. Cimicifuga.

Coccyx, pain in. Kali bich.

Coccyx, pain in, bruised feeling when sitting down. Lach.

Weakness of nape of neck. Plat.

EXTREMITIES.

Burning in the soles of feet. Sulph.

Burning of feet when walking. Natr. m.

Cold feet. Natr. m.

Cold feet and hands. Aurum, Ferr. jod., Ignat., Kali c.

Cold feet as if from damp stockings. Calc. c.

Cold feet with numbness. Conium.

Heaviness and great fatigue when walking. Calc. c.

Heaviness and languor of arms. Natr. m.

Heaviness and torpid feeling of arms. Cimicifuga.

Numbness of feet and legs. Ignat.

Pain in calves at night; cramps. Cham.

Pain in ankles. Rhus tox.

Pain in hips, bruised feeling. Lach.

Pain in soles of feet. Lyc.

Pain in the thighs; drawing. Nux v.

Stiffness of legs. Conium.

Sweat of feet; offensive. Silic.

Sweat on the legs at night; cold, clammy. Merc.

Swelling of feet and hands. Merc.

Swelling of feet with chlorosis. Ignat.

Swelling of soles of feet. Lyc.

Tired, go to sleep. Puls.

Varices, with fidgety of feet. Zinc.

Weakness great, especially of the legs. Magn. m.

SLEEP.

Disturbed; dreams of robbers. Natr. m.

Drowsiness in daytime. Agaric. m., Kali c.

Drowsiness in daytime, sleeplessness at night. Natr. m.

Heavy, dead, exhausting her. Sulph.

Light; awakens often; exhausting her. Sulph.

Nightmare. Kali c.

Unrefreshing. Lyc.

Unrefreshing, sleeplessness after 3 A. M., Nux v.

Unrefreshing, wakes with a stool at 2 A. M., with nausea and headache. Kali bich.

Wakes at 3 A. M. Kali c.

FEVER.

Chilliness. Kreasot., Lyc.
 Chilliness and paleness of face. Puls.
 Chilliness, aversion to open air. Sepia.
 Chilliness at night, and flashes of heat in day time. Lach.
 Chilliness in the morning. Conium.
 Coldness. Ferr. jod., Silic.
 Heat and dryness of skin. Acon.
 Night sweat. Chin.
 Sweat after the least exertion. Chin.
 Sweat in axillæ; fetid. Petrol.

SKIN.

Anasarca. Ferr.
 Dryness and itching. Kali c.
 Dryness, hardly ever perspires. Nux m.
 Herpes. Kreasot.
 Herpes on perinæum. Petrol.
 Œdema. Apis.
 Tendency to small boils. Arnica.
 Waxy, pale. Apis.

GENERALITIES.

Aggravation of symptoms after a long walk. Rhus tox.
 Aggravation after sleep; especially after a siesta. Lach.
 Aggravation after 3 A. M. Kali c.
 Aggravation at night. Cham., Nitr. ac.
 Aggravation at night and from the heat of the bed. Merc.,
 Sulph.
 Aggravation every other day. Alumina, Chin.
 Aggravation from coffee; tobacco; noise; reading; sunlight.
 Ignat.
 Aggravation from coition and menses. Kali c.
 Aggravation from cold, wet or windy weather; Nux m.
 Aggravation from dry weather. Alumina.
 Aggravation from 4 to 3 P. P. Lyc.
 Aggravation from heat. Puls.

- Aggravation from riding in a carriage. Nux m.
 Aggravation from standing. Aloe., Sulph.
 Aggravation in open air. Cham.
 Aggravation in the evening. Nitr. ac., Puls.
 Aggravation in the morning. Ignat., Nux v.
 Aggravation when at rest. Plat. Puls., Sulph.
 Aggravation while lying on the left side. Puls.
 Aggravation while lying on the painful side. Puls.
 Amelioration of symptoms, after sweating. Cham.
 Amelioration during menses. Zinc.
 Amelioration in open air. Alumina, Puls.
 Amelioration in wet weather. Alumina.
 Amelioration from changing position. Ignat.
 Amelioration from eructation. Nitr. ac.
 Amelioration from lying on the painful side. Ignat.
 Amelioration from motion. Plat.
 Amelioration from riding in a carriage. Nitr. ac.
 Amelioration from warmth ; warm weather. Nux m.
 Amelioration on rising. Cham.
 Amelioration when walking. Cham.
 All motions are painful. Pallad.
 Chlorosis. Aletr. far., Amm. c., Calc. c., Conium, Ferr.,
 Helon., Ignat., Ipec., Lyc., Natr. m., Phos., Puls., Silic.
 Debility. Aletr. far., Aloe., Argt. nitr., Helon., Lyc., Petrol.,
 Phos., Silic., Verat. alb.
 Debility after talking, singing, reading ; has to avoid it. Stan.
 Debility, drops down suddenly, but can get up rapidly. Stan.
 Debility in the morning, when in bed. Conium, Natr. m.
 Debility, she wants to sit or lie down all the time. Nux v.
 Debility, sudden loss of strength while walking. Conium.
 Debility that she loses breath and speech. Natr. m., Nitr. ac.
 Debility, walks stooped. Sulph.
 Debility, with heaviness and trembling of limbs ; especially
 evenings. Nitr. ac.
 Emaciation. Phos.
 Fainting. Cimicifuga, Phos.
 Fainting with palpitation, followed by sleep. Nux m.

Jerking and stitches through the body. Nux v.

Pains begin lightly, increase gradually to its highest point, from which it gradually declines. Stan.

Pains come and go quickly. Bell.

Rheumatic pains. Cimicifuga.

Rheumatic pains, has to shift about, to get relief. Rhus tox.

Rheumatic pains worse in damp weather, or in changes from warm to cold. Calc. phos.

Takes cold easily; especially when exposing the head. Bell.

Takes cold easily; very sensitive to cold air. Calc. c.

Tired feeling, excessive. Picric acid.

Tremor. Alumina.

Walking first with difficulty, but as she proceeds, she walks better and better. Rhus tox.

Yawning, convulsive. Ignat.

APPENDIX.

[The following articles read before the Massachusetts Surgical and Gynæcological Society, convey, perhaps, the most advanced views on uterine displacements. We have consented to their appearance in this work, so that, perhaps more physicians may be benefitted. The author is not to be held responsible for any views herein contained that may conflict with the general tenor of the body of the work. He is of the strong opinion that finally remedies will be the *dernier ressort*, in the majority of cases.]

PROLAPSUS UTERI AND ITS THERAPEUTIC TREATMENT.

In the therapeutic treatment of prolapsus uteri we must be guided almost entirely by clinical experience, if we look only at that one symptom ; but if we take the totality of the symptoms, which is ever necessary in the treatment of all diseases, we have a wider range.

The healthy, unimpregnated uterus generally weighs about a certain amount, and if the surrounding parts are in a healthy condition, it is kept in a normal position. If the uterus becomes impregnated and is quite heavy, if the attachments are quite healthy and the patient is well, there is no prolapsus. I have known a case where the uterus contained a foetus that weighed eighteen pounds, besides a large placenta, without any prolapsus.

On the other hand, I have known a case where the uterus

would weigh but an ounce or two more than normal, and it was constantly out of place. Now, what does this teach us? That the cause of prolapsus does not lie in the uterus itself, nor is it produced by the weight alone, neither does it lie in the appendages alone, for no well woman ever had prolapsus uteri. In treating this disease, which is only one symptom of a diseased system, we must connect with it all the abnormal symptoms to be found. We shall find that the prolapsus was not the first symptom that indicated a departure from health. And to cure the prolapsus we must restore the system to a healthy condition. Replace the uterus as often as you please, but it will not remain in position. Still, a system may be badly diseased without any prolapsus. In most diseases, and for most symptoms, we administer remedies and expect them to remove the symptoms, whatever they may be; but in cases of prolapsus, many of us resort to the use of pessaries or other means of support. The great trouble is we have too little faith in the power of nature to restore to health, or medicines to aid in the restoration. If we treat and cure a case having for one of its symptoms prolapsus uteri, and it is done by the internal administration of remedies only, we are just as apt to use pessaries in the next case.

We would very rarely, if ever, think of using pessaries in case of prolapsus of the rectum, then why for prolapsus of the womb? It is because the diseases are so dissimilar, or because in the latter case it is a little more convenient? For one, I have always felt that in this disease the remedy must be pretty strong, that is, a low attenuation, while in leucorrhœa, a disease so nearly connected, I have been much more successful with attenuated remedies; still I can see no reason why they should not be treated similarly. I have seen a case of leucorrhœa of several years standing, with tormenting pruritus

vulvæ, cured in one week with Sulphur, very high. I have seen a case of prolapsus uteri, so bad the os protruded externally, cured in two weeks by the administration of Helonias tincture, a few drops in one-half a glass of water, nothing else being done or given, and the patient kept about her work—that of a cook. I have seen a patient eight months pregnant, the uterus and contents so prolapsed the patient could not walk, and nearly wild with pruritus vulvæ, completely cured in six hours by the administration of Collinsonia 3d. She said everything seemed to go back to its place, and the relief was so sudden and great she fainted completely away. Now I cannot tell why I gave different attenuations in these cases, only that experience has seemed to prove to me that in some cases and some remedies act better in different attenuation. Why does it take more to help nature cure a disease than it takes to produce a disease with nature trying to ward it off? Two cases in illustration: A lady was about to visit friends in a distant city, when she received a letter that there was a case of mild varioloid in the house, and not to come. The letter was opened by a daughter who was seven months pregnant. In a little more than two weeks the lady who opened the letter was confined, and the child was covered from head to feet with as handsome small-pox pustules as I ever saw. A young lady in the western part of this state sickened and died of diphtheria. Some of the beautiful flowers at the funeral were placed in a letter and sent to a lady friend in Japan. In two weeks after receiving the letter the young lady sickened and died of diphtheria, although there was none of the disease about there. No one can, by any known method, calculate how much of disease was sent in either case, yet in the last case it was sufficient to destroy the life of a healthy young person. Must we be able to calculate by figures, chemistry, or the microscope, how much it will take to remove diseases before we are willing to perish?

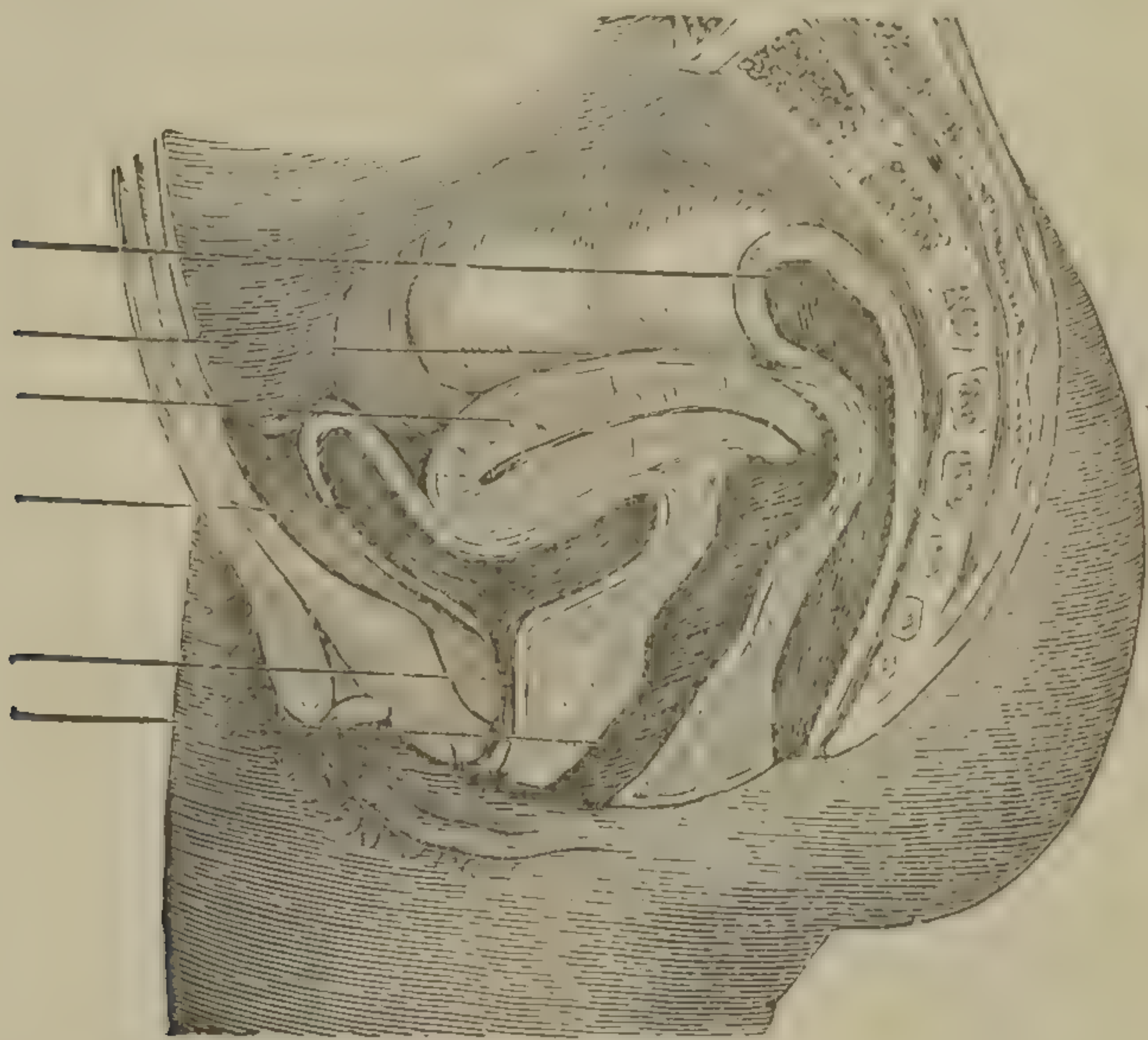
In this, I do not mean to advocate the high attenuations, but do claim and believe that all curable diseases can be cured by medicine, and that in very small doses, when aided by nature. It is not necessary for me to designate what remedies will cure prolapsus uteri. I do not believe we have a remedy in our *Materia Medica* but what will cure a case of prolapsus, provided it covered all of the symptoms present, and there were a plenty of symptoms to be found. If I should report fifty cases all cured, by remedies given, they would not cure a single case unless they were indicated. I very seldom make an ocular or digital examination in treating uterine diseases, and I know that I have had young ladies to treat because they were not obliged to undergo such unpleasantness.

I acknowledge that after I have cured a case, I do not always know what I have cured, and on the other hand, those who make frequent examinations seldom treat a case without local applications—so they have really learned nothing of the therapeutic value of medicines. The most modest young lady is not afraid to apply for treatment when suffering from diarrhœa, but hesitates to apply for aid when suffering from leucorrhœa, and by hesitating, it becomes worse, and assumes a chronic form before anything is done for it. If we knew what remedies could do, and would use them we could avoid much suffering both mentally and bodily. I have said it was unnecessary to report cases and the remedies given, but I referred to cases where our well known remedies were given. You know the indications for those as well or better than I, but I wish to again refer to *Ovi tosta*. It acts nicely in all old chronic cases of leucorrhœa, and one case was cured where I know there was prolapsus uteri. One important symptom of the remedy is *back ache*, and that is usually found in prolapsus uteri. I am not aware that any good proving of the remedy has yet been made.

A. M. CUSHING.

THE MECHANICAL TREATMENT OF UTERINE ANTE-DISPLACEMENTS.

Ante-displacements of the uterus are divided into two classes, to wit, anteversion and anteflexion. I will very briefly call your attention to what I consider to be the rational method of treating such cases, *i. e.*, by mechanical means. First, we will consider anteversion of the uterus. Having determined by the proper methods of diagnosis that we have an anteverted uterus to deal with, we must adopt those meas-

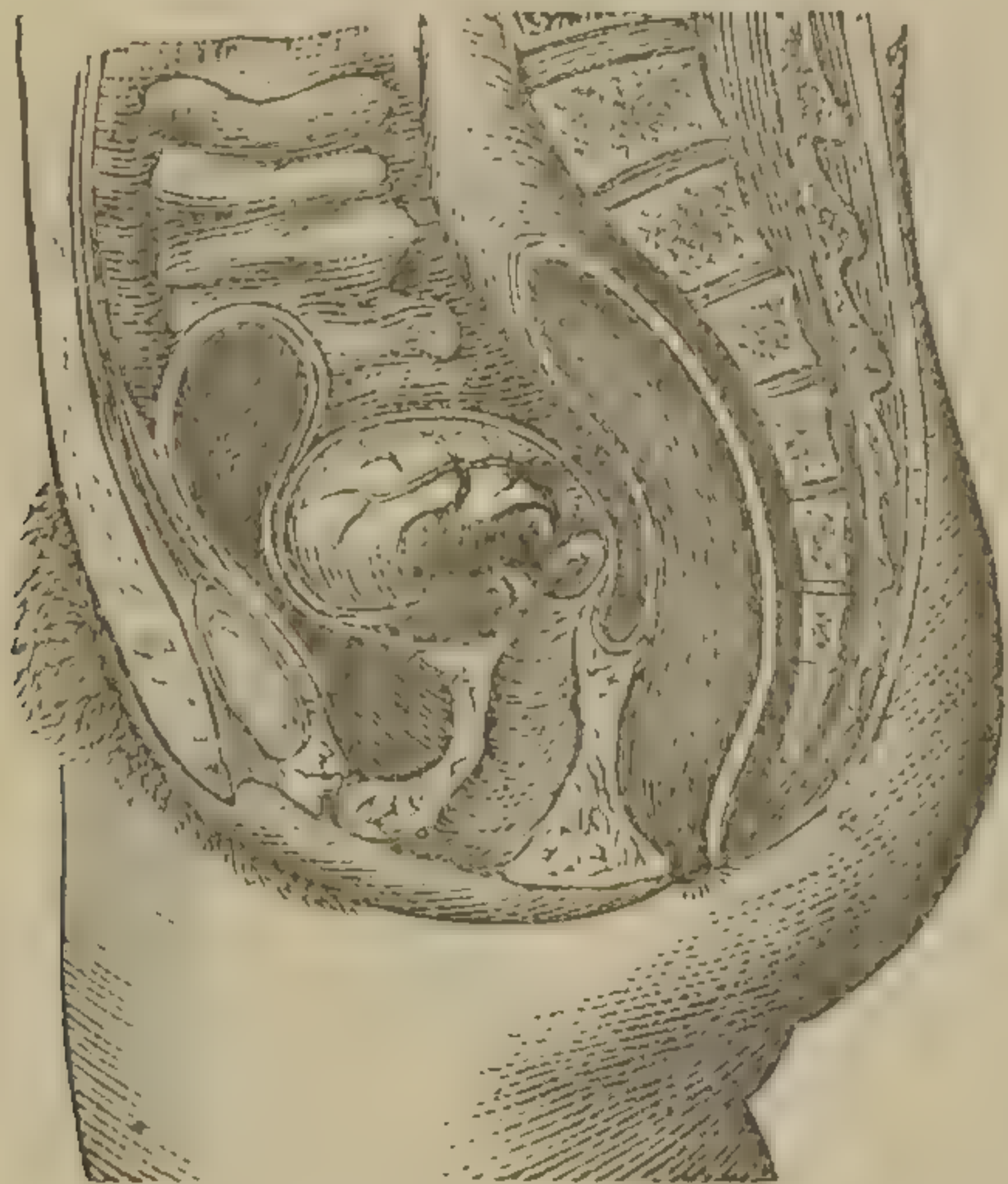


ANTEVERSION.—SECOND DEGREE.

ures having for their object the maintenance of the uterus in a normal position. Before applying a suitable pessary we must be sure that no pelvic peritonitis or peri-uterine cellulitis exists, or that the fundus of the uterus is not bound down by adhesions to the posterior wall of the bladder. If peritonitis or cellulitis exist in the slightest degree, it must be removed

by proper treatment, which does not come within the scope of this paper to consider.

If an anteverted uterus is adherent to the bladder by inflammatory product, we should elevate the fundus as much as possible without injury, and tamponade the vagina. This can but be done by placing the patient in Sim's position, and with the vagina fully exposed by the aid of Sim's speculum, carry a tampon of cotton, made aseptic by a saturated solution of Boracic acid and Glycerine, into the anterior fornix of the



ANTEVERSION.—THIRD DEGREE.

vagina. At the same time we should bring the cervix forward and keep it thus by placing tampons in the posterior *cul-de-sac*. These tampons can be allowed to remain from three to five days, when they should be removed and fresh ones renewed. The fundus uteri should be elevated more and more at each treatment, until the adhesions are removed. During the latter part of the treatment by tampons, we should add to the aseptic solution, for saturating the tampons, Tannic acid in the pro-

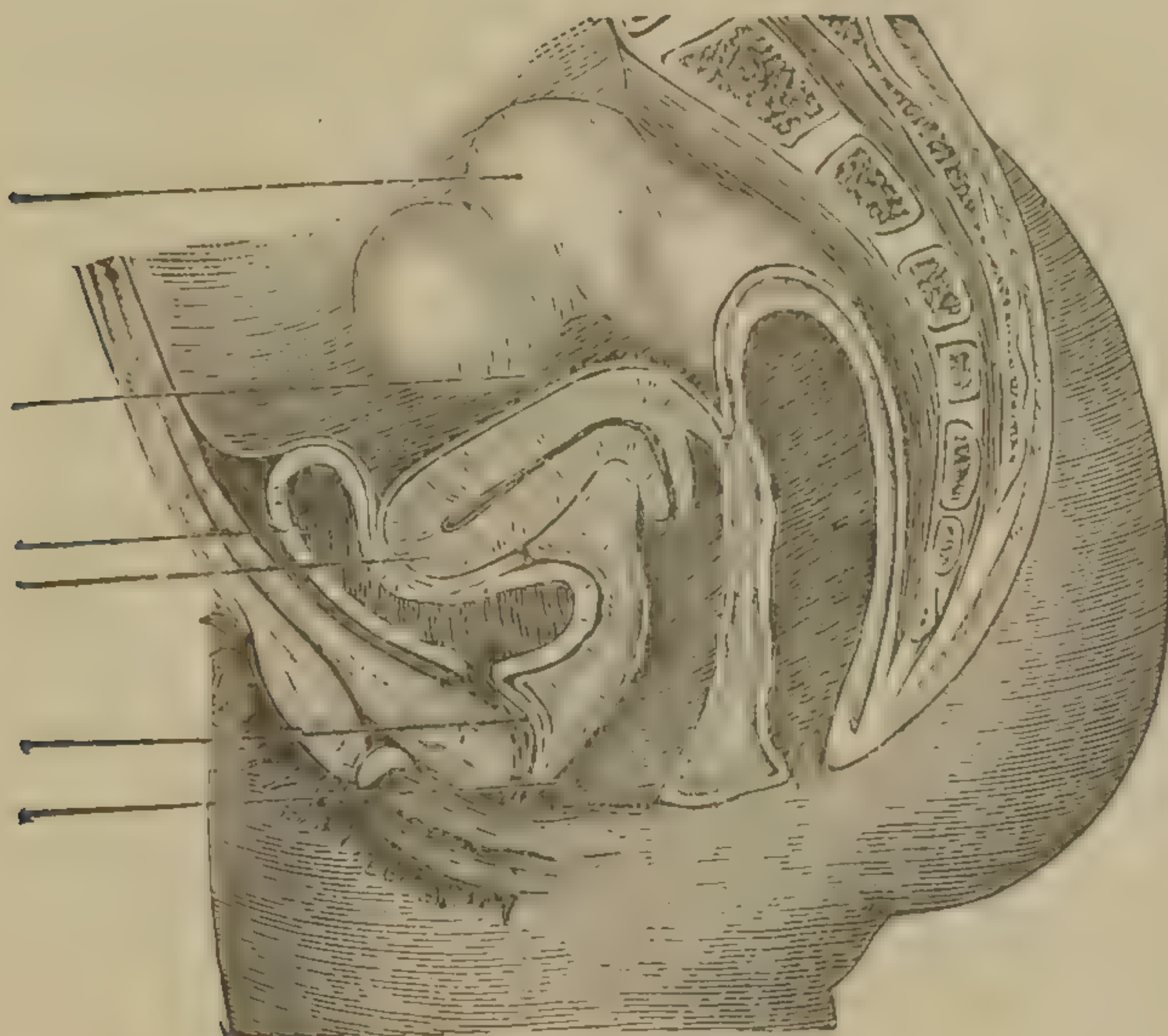
portion of a dram to the ounce by measure. This will give tone to the vaginal walls, and render them more tolerant to the presence of a pessary. In choosing a pessary for an anteverted uterus, we must bear in mind that the office of a pessary is to elevate the fundus and bring the cervix forward. The pessary, which I have found in practice to be the most efficacious in these cases, is Fowler's. The originator of this pessary designed it for cases of retroversion, but I find it equally as good in anteversion. These pessaries are numbered one to four respectively. Before sending a patient away, after inserting a pessary, we should satisfy ourselves that it is a perfect fit; they should cause no pain or uneasiness; should not be too wide, to unnecessarily distend the vagina, or too long, to protrude from the vulva. We should instruct our patients how to remove them, and direct them to do so as soon as pain or soreness is produced.

The question is often asked, how long a time should a pessary be worn before it is dispensed with? In answering this question, I will state, until the uterine supports are able to maintain it in its normal position. We should occasionally, say every two or three months, remove the pessary, and resort to the use of the tampons again for a few days; then let the patient go without any support, and closely watch her for two weeks or more, when, if the uterus does not depart from its normal position, we may dismiss her; otherwise, if there is any tendency for the uterus to become anteverted, we should introduce the pessary. It may be necessary, in inveterate cases, to use a mechanical support for one or more years. We should, however, never allow a patient to wear any form of pessary longer than three months at a time. It is a good rule to follow, to always request a patient to call after wearing a pessary two months to have it removed, when you can judge

whether it should be worn longer or not. A patient, while wearing a pessary, should daily use a vaginal injection of tepid water and Boracic acid for the purpose of cleanliness.

ANTEFLEXION OF THE UTERUS.

In treating ante flexion of the uterus, we must adopt those measures having for their object the restoration of the uterus



ANTEFLEXION WITH OVARITIS AND SINUS.

to its normal shape and position. This form of uterine displacement is more trying, attended with more frequent drawbacks, and taxes the patience and skill of the gynæcologist more than all other forms of uterine displacements put together. Yet, notwithstanding all these discouragements, if we can secure the utmost confidence of our patients, we shall be able to perform a radical cure in a few cases, and greatly relieve the large majority. The mechanical means I usually

adopt in treating cases of ante flexion are tampons, rapid dilatation of the cervical canal, and pessaries. We must first ascertain whether the anteflexed uterus is movable or bound down by adhesions. If the latter condition is found to exist, we must adopt those measures recommended under the head of anteversion complicated with adhesions. If the uterus is movable and no contra-indications, such as pelvic peritonitis or peri-uterine cellulitis, exists, we may proceed to rapidly dilate the cervical canal by means of steel dilators and tamponade the vagina as recommended while speaking of anteversion. This should be repeated every five to eight days until the uterus is restored to its normal shape, when a suitable pessary should be chosen to maintain it in its normal position. The object to be fulfilled by a pessary is to elevate the fundus, and at the same time carry the cervix backward, thus strengthening the uterus. I find that a Fowler or Thomas cup pessary fulfills the desired purpose better than any other I have yet tried. It will be necessary to wear a pessary in cases of ante flexion a much longer time than in cases of anteversion.

H. K. BENNETT.

EXPERIENCE WITH REMEDIES FOR PROLAPSUS.

The therapeutic individuality, and clinical observations, of a few drugs, possessing great value in prolapsus of the womb, complete or incomplete, is the subject of this paper.

In its preparation, I have not only considered my own experience, but have carefully examined the comparative observations of several authors, in connection with the toxicological effect of certain drugs upon the female organs of generation.

I will say here, that if this paper does not instruct or interest the members of this society, it has not been prepared without profit to myself.

This subject touching upon the female organs of generation, in the pathological changes, organic, functional, and curative treatment, both medicinal and mechanical, has become vast in importance.

Agaricus is indicated when prolapsus uteri follows the cessation of the menses, and is almost unbearable; with tearing pains running from the pelvic region to the back, and an inexpressible desire for an embrace.

Antimon. crudum is the remedy when there is a pressing or crowding sensation in the womb, with a feeling as if something was ready to escape.

Aurum fol.—When the uterus is prolapsed and indurated with a bruise, shooting and drawing sensations, having a sensation of weight in the abdomen, *alternate fretting and cheerfulness*, very sensitive to pain and cold, desires death, without dread or fear of it.

Aletris farinosa is a valuable remedy in uterine atony, *in sterility*, or tendency to miscarry. Also in great debility, loss of strength, pale and scanty menses are conditions indicating its need. It must not be lost sight of in the descent of the uterus in consequence of relaxed ligaments, or the ligaments having lost their tonicity; to be of value, the patient must be thin in flesh, of spare habit, or what is called a Phosphorus patient with a cough. To rely upon its value in preventing abortion, it must be given in the early stage of pregnancy. Its affinity is for the female generative organs, and should not be overlooked in treating chlorotic girls. The mental symptoms are fitfulness and peevishness.

Aurum metallicum is indicated in prolapsus uteri involving induration of the uterus more or less, especially when the mental tendency is suicidal, or disgust for life, dejected, melancholy, unhappy, desires solitude, imaginations vivid with

evil apprehensions, fearful, peevish, excited if contradicted, thinks she is unfit to live, longs for death. Thus when Aurum is called for, the mental symptoms are among the most prominent, and when this state of mind is manifest, always look for prolapsus or a hardened womb.

Asafoetida has a delightful curative effect, when the female generative organs are sensitive to the touch, and the sexual desire very strong, with cutting and tearing pains, with offensive leucorrhœa, peevish, hysterical, and dissatisfied with her best friends, apprehensive of some dreadful calamity, with the feeling of a bolus in the throat.

Belladonna has its symptoms occurring in the morning, with a sensation as if the contents of the abdomen and pelvic cavity would escape through the vulva; also having a burning uneasy sensation with great weight through the whole uterine region, menses are apt to be premature and profuse, the moral condition is ferocious, raging, biting, striking, tearing, fighting, restless, has a desire to escape and run away, headache, vertigo, aggravated by noise, by motion, by contradiction. The head symptoms are most aggravated and alarming, with eyes swollen, sparkling, inflamed, and aversion to light as well as sound, her manners are foolish, and expressions silly and immodest.

Caulophyllum is a remedy of great value; its sphere of action is at present understood to play more especially upon the tissues of the uterus than any other part of the organism. The rheumatic, or neuralgic pains in the head, joints of the body, shifting in character, together with the train of dyspeptic symptoms, are dependent more or less upon some form of uterine disturbance. When Caul. is indicated by the above symptoms, we shall generally find the patient complaining of

a fullness and uneasiness in the pelvic cavity, with contractions that intermit, instead of being persistent, as in the case of Ergot. It has its value, marked in quality, after confinements, with spasmodic pain in dysmenorrhœa, and threatened miscarriages. The aborigines used it to prevent prolonged and painful labor.

Cimicifuga racemosa is another remedy, having a good reputation among the Indians and early practitioners of our country, known by the name of "*squaw root*;" while its range of action is through the brain, spinal cord and nervous system, its pathological action extends to the muscular system between the joints, and especially to the muscular fibre of the uterus. The mental symptoms are not marked, except the patient feels that she is either going to die, or be crazy. There is more or less hysteria with pains shooting from right to left in the uterus, extending into the back; while the sensation is downward pressure, the pains shoot upward. It is a polychrest remedy for many diseases of the womb. A therapeutic knowledge of *Cimicifuga* will give us a valuable remedy in an atonic condition of the uterus, or a perverted function. Agitation of the mind and pain will remind us of this drug, every where and every time.

Ignatia is the twin sister to *Cimicifuga*. Her specific action also is the nervous system—spinal cord. It is the great remedy in affections growing out of a disturbed or diseased uterus, such as hysteria, chorea, epilepsy, dyspepsia, constipation, etc., etc. When indicated in consequence of uterine prolapsus, we are told by the patient that the pains are violent and cramp like, resembling labor pains, relieved only by a strong pressure, or taking the recumbent posture. The menses are too soon and too profuse—the flow very dark and offensive, coagu-

lated, followed by purulent, corrosive leucorrhœa, easily excited to tears, desires to be alone by herself, coffee always aggravates her pain and makes her morose.

Calcareo carb. is a constitutional remedy, not so localized as many others. It is of great value when we find the menses coming on every two or three weeks, abiding several days, and followed with a milky leucorrhœa, especially with a scrofulous diathesis. Food does not assimilate, the abdomen is large, appetite ravenous, or precarious. She usually has a desire for boiled eggs, and is easily excited. There is often a stinging pain in the neck of the womb, with a heavy ache in the vagina, itching and soreness in the vulva. The symptoms are worse in the morning and in the open air, also at the full moon. She has an aversion to the use of cold water. This symptom is marked in a certain class of children and consumptives.

Helonin has its place among the uterine remedies, although akin to many others in its therapeutic action. Its sphere of action is through the cerebro-spinal nervous system, reaching thereby the generative female organs and kidneys of both sexes. Hence when our patients complain of constitutional debility, anæmia, torpidity, etc., in the uterus and kidneys, *think of Helonin*. There is not only a sensation of bearing down, or displacement of the uterus and vagina, but there is a loss of muscular tonicity; the womb is flabby or relaxed, with dysmenorrhœa, metrorrhagia, leucorrhœa and pruritus, etc., etc. This drug is among the restorative medicines. It belongs to the group in which is found *Ferrum*, *Nux vomica* and a host of others, and has a very important place in nephritic as well as uterine ailments.

Kali carb. in its primary sense acts upon the mucous membrane of the lungs and genito-urinary organs; the skin, etc.

The walls of the vagina and uterus are extremely sensitive, with great dryness, a sensation of soreness, burning and itching in the pudendum. An aversion to an embrace, although her sexual desire is easily excited. The pain in the back, is like that produced by pressing in from both sides, and with her changes, the pain is of a colic nature, occurring in the early part of the morning, three or four o'clock. There is a sense of emptiness, as if the whole body was hollow, this symptom is peculiar to Kali c. A pathognomonic symptom, stitching pain in the joints, etc., with pulsation in every artery of the body.

Lachesis.—This remedy is indicated in uterine derangement, occurring at the time of menopause more than at any other age of life. In displacements of the womb, the abdomen is sensitive to the least pressure; not even the weight of the clothing can be borne without pain. There is more or less burning in the vagina, irritation and swelling of the vulva; thoughts are lascivious, and sexual desire greatly augmented. The pains run downward from the loins into the thighs at short intervals, especially during the menses, which are scanty. The pains are characteristic by being more upon the left, than on the right side. There is also a sensation of something in the throat, which abides in spite of swallowing or hawking. One of the most marked symptoms, calling attention to this remedy, in uterine disturbances, is a feeling of a ball in the bladder, or abdomen, or in both.

Lilium tig.—Is indicated for congestive and inflammatory conditions of the uterus. This is a remedy not to be lost sight of in nymphomania and pressing down pains, with a sensation of great weight as if the whole contents of the bowels would escape through the vagina; relieved only by pressing the

hand against the vulva; and what is very characteristic of *Lilium tig.* is as though the whole internal parts were being pulled downward from the breasts and umbilical region, emerging through the vagina. The mind is depressed and there is a dread of impending evil, feels in a hurry and utterly incompetent to perform her imperative duties, is apprehensive and suspicious, very timid and inclined to weep at seeming difficulties.

Mercury.—Is a medicine that affects the entire organism, not only decomposing the blood but giving rise to constitutional as well as local diseases; among others, the genito-urinary organs are not exempt, producing prolapsus of the uterus and vagina with intense itching and smarting, excoriation of the genitals; having a sensation as if something were pulling downward, producing pain in the thighs; the symptoms are all worse in the night. There is an inexpressible feeling of an internal and insupportable weakness; a feeling of the need of an abdominal supporter, or something to help support the organs of the abdomen. *Mercurius* has proved in my hands a valuable remedy with threatened miscarriage, after the eighth month of utero-gestation, with a sense of a support needed.

Natrum mur.—Acts on the blood, lymphatics and glandular system; its characteristic pain in the uterus is of a stitching nature, accompanied with a soreness of the vagina, leucorrhœa, yellowish, pain in the back and smarting or burning pain in the urethra after micturition. On rising in the morning, there is a disposition to sit down to relieve the downward pressure. The pressure of the prolapsed uterus is toward the vulva starting from both sides of the abdomen, has a dread of exercise, and a sense of physical weakness, emaciation, chilliness, intermittent headache. The eyes suffer from the sudden

coming and going of sparks, or a transient flash of light (like electricity) before them. Loss of smell and taste, with excessive coryza, acidity and sour eructation. All these accompany a *Natrum mur.* prolapsed uterus.

Nux moschata.—When indicated we have not only a prolapsus of the womb but of the vagina, globus hystericus, mental listlessness, pains running from the uterus upward, particularly from the right side towards the umbilicus. The menses are irregular in time and quantity and quality.

Nux vomica.—This drug is indicated when the menses are too soon and last too long. Fœtid leucorrhœa, yellowish in character. Women who faint easy and are irritable and scolding in their nature, or despondent; dullness in comprehension and weakness of memory, who have been irregular in their habits of eating, and have been drugging all their lives, and have been the rounds with doctors, and now desire to try Homœopathic treatment. Look out for this class of patients, and if you treat them, take the job for a year and cure it in a month, then you will get a good advertisement.

Platinum.—Is indicated when there is a very great sensitiveness of the parts, which is said to be painful to bear; the pressure is towards the mens veneris, with the desire for an embrace, voluptuous. Menses too frequent and profuse. The flow is dark and clotted; with more or less trembling and palpitation. The patient has great illusions, every body about her is inferior to herself, she is haughty, proud and looks down upon her associates (if she has any) with contempt. She dreads death and thinks it is near, everything seems small beside herself. These sort of patients are apt to lose their virtue before they get married, unless they have the benefit of Platina, which is a nymphomania remedy.

Sepia.—It would be hard to tell a gynæcologist anything about this drug, which seems to overshadow all others—unless it is *Lil. tig.* In female diseases the symptoms indicating the use of this remedy are very prevalent in prolapsus uteri. The congestion of the os, and burning, shooting, stitching pain in neck of the uterus, and a sensation as if the entire contents of the pelvic cavity would be expelled, unless prevented by crossing the limbs. While the feeling is, as if the uterus would drop from the vagina, the pain is upward, and the breathing is oppressed. The disposition is irritable, easily offended, inclined to be indifferent to matters and friends about her. She is apathetic and moody, pain in left side of head with pressure and heaviness in the abdomen.

Tarantula.—It is said that the effect of a bite from this spider is more severe and terrible than by any other poisonous insect. It is indicated when the dyscrasia is brought on from some bad habit, or indulgences, as from abuses of various sorts, intemperance, etc. It is said to have cured some severe cases of *St. Vitus Dance*, and chronic disorders, spasmodic, or hysteric in character. Allen speaks of it as a valuable uterine remedy under the head of “aching,” “bruised sensation,” “derangement as if connected with the bladder,” “distention,” “induration,” “prolapsus when walking, pushing the intestines,” “sensitiveness” “swelling of the uterus,” etc., etc., appearing to affect the nerves of motion in a manner different from any known remedy.

There are very many more remedies for prolapsus, which have not been alluded to in this paper, possessing great value. Such as *Alumina*, when there is prolapsus uteri, with a sense of constriction of the pelvic organs, with a drawing pain in the right ilium and gnawing pain in the sacrum, shooting up

into the small of the back, burning pain, easily prostrated, cannot endure much exercise, stools scanty, peristaltic motion deficient. Excessively faint and tired, unable to stand—with a transparent leucorrhœa, running down to the feet when walking, which is a pathognomonic symptom. There is a great dryness and a sensation of a brier or lump in the trachea, creating a tendency to clear the throat, but ineffectual.

Aloes is a valuable remedy in this disease, when it is connected with the diseases of the rectum.

Conium.—With induration, ulceration and profuse leucorrhœa.

Animal carbon, *Kali brom*, have their many virtues.

Podophyllin and *Phosphoric acid*, with many others of noted wealth for diseases and debility of the uterus and adjacent surroundings cannot be referred to at this time.

A word or two with regard to local treatment, or supports. The means used may be called “legion,” many of which have done more harm than good. Pessaries have flooded the world, and we all know, have in a few instances only proved worthy of praise. Mops are better. They are soft and pliable, and can be medicated, and easily adjusted and removed at will by the patient as directed.

Lunar caustic, Iodine, Nitric acid, Potassa, etc., etc., may be in demand occasionally, but few and far between.

The last item that is suggested to the gynæcologist is “the sponge,” although no new remedy, nor thought altogether preferable to cotton balls or mops. The grand thing is to select the local expedient as a vehicle, whether it is cotton or sponge. It is for the physician to carefully study his therapeutic remedy; which, in my opinion, from experience, properly chosen, will do the work in three-fourths of the cases calling for uterine treatment.

The local remedies are not multiplied, nor difficult to apply with the soft cotton. Among the local remedies are Calendula, Hydrastis, Belladonna, Carbolic acid, Sanguinaria, Thuja, Saffoline, etc., which I think is preferable to Glycerine.

Goodell in his Lessons on Gynæcology, an estimable work for the study on this subject, ignores pessaries unless made of soft metal, as light as possible, and pliable as the case demands, so that when applied there is perfect adjustment and ease.

To Dr. H. F. Campbell, of Georgia, are we indebted for the "*pneumatic self replacement of the uterus*," as he calls it. He describes the posture as follows: "Let the patient loosen all strings and fastenings of her dress and corsets, and place herself on the bed on her kness, bending the body forward till the head and thorax are brought down to the same plane as that on which her knees are resting; namely, the surface of the bed. The face turned to one side, resting on the two hands while the elbows are spread out widely from the sides. The knees are to be from five to ten inches apart and the thighs perpendicular to the bed. This is called the "*knee-breast posture*." "If the patient, while in the tripod attitude, refrains from straining and breaths naturally, there will be established a reversal of gravity which relieves the uterus from its own weight and from the superincumbent viscera," and the prolapsing womb returned to its normal relation.

O. S. SANDERS.

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